**Tavistock Town Council**

**Tel:** 01822 616134 **Email:** cemeteryoffice@tavistock.gov.uk **Website:** [www.tavistock.gov.uk](http://www.tavistock.gov.uk)

Application for Interment

**ALL APPLICATIONS MUST BE RECEIVED AT LEAST FOUR WORKING DAYS BEFORE INTERMENT TOGETHER WITH FULL PAYMENT AND OTHER STATUTORY DOCUMENT(S)**

1. **Full name and Title of Deceased:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **Gender:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age** (years)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. **Profession or Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. **Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. **Date of Death:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. **Where Death occurred** (if not home)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. **Date of Burial:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of Burial:** \_\_\_\_\_\_\_\_\_\_\_\_

8**. COVID19 Related Death:**  Yes/No

9. **Type of Burial (Coffin, Ashes):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. **Grave Section-Religious Denomination:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11**. Type of Grave** (New, Re-open)**:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. **Grave Number** (leave blank if new)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EROB Deed No:** \_\_\_\_\_\_\_\_\_\_\_\_

13. **Has Grave digging been requested:** Yes/No **Has memorial been removed:**  Yes/No

14. **Coffin:** External length\_\_\_\_\_\_\_\_ Breadth \_\_\_\_\_\_\_\_\_\_ Depth \_\_\_\_\_\_\_\_\_

15. **Name of EROB Deed Owner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. **Purchase of EROB Deed required:** Yes/No (if Yes- fee required)

17**. If Yes to 16 Names and Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. **Name & contact details of Next of Kin (including telephone number and email address where possible):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. **Details of last interment in this grave: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. **Is chapel required?:**  Yes/No (fee required) **Is organ required?:** Yes/No

21. **Name of Minister**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. **Number of Attendees (including mourners, funeral directors):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. **Name and Address of Funeral Director:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Charges**: \_\_\_\_\_\_\_\_\_\_\_\_ **Date Paid:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed (Next of Kin/Deed Owner\* Delete as appropriate):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*To be signed by the legal owner of the Exclusive Right of Burial OR next of kin if the deceased held legal ownership.***

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**FOR OFFICE USE ONLY**

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| --- | --- | --- | --- | --- | --- |
| Burial Register Number: | \_\_\_\_\_\_\_\_\_\_\_\_ | Grant of Exclusive Rights Serial Number: | \_\_\_\_\_\_\_\_\_\_\_\_ | Charges:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Receipt Number:  | \_\_\_\_\_\_\_\_\_\_\_\_ | Receipt Sent: Yes/No |  | Private: Yes/No | Parishioner: Yes/No |