PO Box 10613, Nottingham, NG6 6DW



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## NOTICE OF INTERMENT

This Notice, fully completed must be received by the Council **at least 3 full working days** in advance of the date of interment by either email or by post. (Applications for Mondays should be received by the Council no later than close of business the previous Tuesday).

A copy of the Green Burial Certificate, Coroners Certificate, Cremation Certificate or NVF form must be filed with this form – the original to be given to the Grounds Team on the day. No burial can take place without the appropriate certificate of disposal issued by the Registrar being presented at the time of the interment.

All interments will need to be paid for prior to the date of interment under the Council's Book and Pay In Advance Service. Please note all interment fees for persons not resident in the North Herts District will be **quadrupled**. This **quadruple** fee applies to the grave purchase fee, the interment fee, the memorial permit application fee and any further interments or memorial amendments in the future. Proof of residency in the North Herts District will be required to be supplied to the Funeral Director or North Herts District Council.

Payment will be requested via e-mail on receipt of your online provisional booking. Please see the current Fees & Charges on our website:- <u>Cemetery fees and charges | North Herts Council (north-herts.gov.uk)</u>. If this is not received at least 3 full working days <u>before</u> the date of interment, a late payment charge may be levied.

All funerals will be at the time arranged. All unexpected delays of more than 15 minutes must be reported to the Council.

It is the responsibility of the Funeral Director/Arranger to ensure that all the required details are correct and the form is signed. The Council will not accept any responsibility for loss or delay of any notice. Any alteration in arrangements will be subject to consent from the Council and must be confirmed **in writing**.

North Herts Council can only authorise the opening of a purchased grave with the permission of the Grave Grant Owner or to inter the Grave Grant Owner. In all other cases, ownership must be transferred to someone who can legally prove that they are entitled to receive these ownership rights. Where the Grave Grant Owner is the deceased, then the appropriate forms will need to be completed by all relevant persons to enable the transfer of ownership of the said Grave Grant. Evidence in the form of a Will, Grant of Probate, Sealed Letters of Administration or a Statutory Declaration will also be required. Please contact the Burials Team for further advice.

The removal of memorials must be carried out at least 72 hours before the day of the burial.

Grave spaces are allocated on the next available plot basis as dictated by NHC Burials Team at the time of the burial application. This may entail the memorial being placed on either the head or the foot of a grave depending upon the location within each cemetery. Applicants are requested to make any specific requests regarding the location of the memorial known to the Funeral Director and Burials Team at the time of the interment booking.

The Burials Team are contactable Monday to Friday between 0900 and 1600 by telephone on 01462 474219/01462 474000 or by e-mail to <a href="mailto-burials@north-herts.gov.uk">burials@north-herts.gov.uk</a>. The offices are closed on Saturdays, Sundays and Bank Holidays. Saturday interments are available prior to 12 noon but **double** fees will be charged.

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The particulars must be completed in ink, **BLOCK CAPITALS** and be fully and accurately stated. Please only return the Interment Form to us once all information has been entered this **must include the coffin sizes**.

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# **APPLICATION FOR INTERMENT**

Full Name of Deceased:		
Day, date and time of interment:		
Funeral Director / Contact Name & Number:		
Service to be held at & time (church/graveside):		
Cemetery (For Letchworth: Icknield Way/Wilbury Hills, for Royston: Melbourn Rd/Stamford Avenue)		
Address of Deceased (if in a care home please provide previous address as well):		
Age: Religious Denomination:		
Place of Death:		
Was Deceased an NH Resident? Y/N State form of residency proof		
Type of grave (New/Re-open or Pre Purchased):		
Grave number (if re-open/pre purchased):		
If re-open, please provide names of those previously buried:		
If re-open has removal of memorial been arranged (Y/N):		
Name of Stonemason removing memorial & contact number:		
Depth of Grave (single 5ft, double 7ft, treble 9ft, ashes 2ft):		
Burial Type (Burials – is it a coffin/casket? Ashes – is it a casket/biobox?		
Size of Coffin/Ashes Casket (in feet & inches):		
Length: Depth: Depth:		
Do family wish to backfill grave(Y/N?):		
Covering of Coffin only:		
Attendees on the day (Please specify - None / Family / Minister):		

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Please complete Section A (new grave/new ashes) or Section B/C (re-opening/re-open ashes)

Section A: New grave only (Maximum of two joint owners) If non-resident, quadruple fee will apply – see page 1.		
I/We would like to purchase the Exclusive Rig	hts of burial:	
Full name	Title	
Home address		
	Postcode	
Email	Tel. number:	
Relationship to the deceased:		
Signature:	Print Full Name:	
Full name	Title	
Home address		
	Postcode	
Email	Tel number:	
Relationship to the deceased:		
Section B: Previously purchased to be ope	ned where Grave Grant Owner is deceased	
To be completed by the next of kin/executor/ac	dministrator where the deceased is the grant owner:	
Please open grave number:	at:	
For the interment of:	(the said Grave Grant Owner)	
I am the next of kin of the owner / Executor / A	dministrator of the Owner's estate (delete). If none	
of the above, please state your relationship to	the deceased grave owner	
Signed:	Date:	
Print Full name:	Title:	
Home address:		
	Postcode:	
Email:	Tel no:	

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Section C: Previously purchas	sed to be opened by the Grant Owner
To be completed by the Grave G	Grant Owner(s): I/We are the registered owner(s) of the grave
Please	open grave space for the interment of:
Signed	Date:
Print Full name:	Title:
Home address:	
	Postcode
Email:	Tel no:
Signed	Date:
Print Full name:	Title:
Home address:	
Email:	Tel no:
If your address has changed since preturn with this form, along with a co	ourchasing the grave space, please also complete the Change of Address form and opy of photographic ID.
Details of Funeral Director/Arra	inger:
Name:	
Address:	
Telephone number:	E-mail:
Signature:	Date:

Please return completed form and copy of Burial or Cremation Certificate to:

Burials Team, North Herts Council, PO Box 10613, Nottingham, NG6 6DW Or scan and e-mail to burials@north-herts.gov.uk