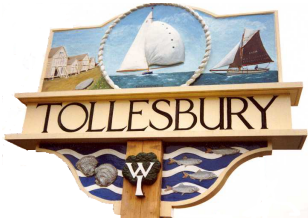
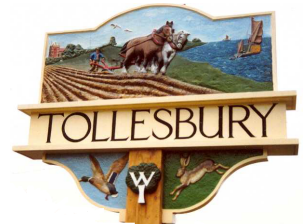


Interment No: .....



**Return to:**  
**Tollesbury Parish Council**  
4 Valkyrie Close, Tollesbury, Essex CM9 8SL  
Tel. 01621 869039



## **Notice of Interment in Grave Space at Tollesbury Cemetery**

**This notice, fully completed and accompanied by the appropriate remittance, is to be delivered to Tollesbury Parish Council within 72 hours (exclusive of Saturday and Sunday) before the interment.**

**PLEASE NOTE:** \* No application can be accepted on a Saturday, Sunday or a Public Holiday.  
\* Memorials must be removed 48 hours before burial takes place otherwise digging will be delayed.  
\* Ministers fees are paid direct to the Minister by the Funeral Directors.  
\* Cemetery fees should be made payable to TOLLESBURY PARISH COUNCIL.

### **PARTICULARS OF BURIAL**

Day: ..... Date: ..... Time: .....

### **PARTICULARS OF DECEASED**

Surname: .....

First Names: .....

Address:.....

Age: ..... Date of Death: .....

Place of Death: .....

Was deceased a resident of Tollesbury: YES/NO

#### **How information about you will be used**

In accordance with our responsibility under the Data Protection Act, you should be aware that the personal information you are giving will be held and may be passed to other services of the Council, so that you are provided with the best possible support.

We may share your information with external organisations or individuals where we have a legal obligation to do so, for example, to prevent and detect fraud and corruption.

We will not use your personal information for direct marketing purposes, unless we have specifically informed you that we will.

Please tick **one** of the following and complete as necessary.

**New grave**

☐ I would like the burial to take place in a new grave and would like to buy the rights for 100 years.

**Previously purchased grave to be reopened**

☐ I would like the burial to take place in grave number \_\_\_\_\_ at Tollesbury Cemetery (please complete).

I am the registered owner of the grave/next of kin/executor of the owner (delete as applicable)

If none of the above please state your relationship to the deceased grave owner

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

Full name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

**N.B. Tollesbury Parish Council can only authorise the opening of a purchased grave with the permission of the owner or for burial of the owner. In all other cases ownership must be transferred to someone who can prove that they are entitled to receive the ownership rights. Whilst the Council will offer all assistance in establishing the means of transfer, responsibility remains with the funeral arranger to have clarified this matter before booking.**

Name of Undertaker:.....

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel No: \_\_\_\_\_

Forms checked by : \_\_\_\_\_ Date : \_\_\_\_\_

**FOR OFFICE USE ONLY**

Order No.		
Grant No.		
Grave No.		
<b>Fees</b>	<b>£</b>	<b>p</b>
Grave Space		
Burial		
Grant/Transfer		
<b>Total</b>		
<b>Receipt No.</b>		

**Interment No:** .....