| For office use o | nly | |
|--|------|----------|
| | Date | Initials |
| Grave grant sent to family (new grave) | | |
| Grave grant returned to family (re-open grave) | | |
| Letter to applicant to transfer ERB | | |
| Nothing to send to family | | |

| Payment Details | Fee payable | |
|-----------------|-------------|-------------|
| ERB | | |
| Interment fee | | |
| Other | | |
| Total | £ | |
| Paid/Invoiced | Date | Receipt No. |

Chesterfield Borough Council Bereavement Services

Chesterfield and District Crematorium Chesterfield Road Brimington Chesterfield Derbyshire S43 1AU

Telephone: 01246 345888 Email: bereavement.services@chesterfield.gov.uk

Notice of Interment

This form must be carefully and accurately completed and delivered to the Bereavement Services office **NO LATER THAN 3 WORKING DAYS** before the interment is due to take place (excluding Saturdays, Sundays and public holidays).

Chesterfield Borough Council will not be responsible for any misunderstanding with regard to orders or instructions given by telephone unless immediately confirmed in writing.

A table of fees and charges is available from the Bereavement Services office.

Interment request for Cemetery

Name of Funeral Director:

Signature of Funeral Director or person responsible for completing this form:

Please read the form carefully and ensure all information is correct before signing.



Details of Deceased

| Name in full: Mr/Mrs/Miss/Ms | |
|---------------------------------|--|
| Address in full | |
| | |
| | |
| Occupation | |
| Age | |
| Sex | |
| Marital status | |
| Date of death | |
| Date of birth (under 18's only) | |
| Place of death | |

Details of Interment

| Date of interment | | | Time of interment | |
|-----------------------|---------------------------------|-------|--------------------------|----------------|
| Type of interment | Full Burial / Burial of cremate | d rem | ains / Scattering of cre | emated remains |
| Will FD be present? | Yes / No | | | |
| Who is taking the cre | emated remains to the burial? | FD / | Family / Minister / Ce | metery staff |

Details of Service

| Name of minister | |
|------------------|---|
| Denomination | |
| Type of service | Church / Crematorium Chapel / Graveside |

Details of Existing Grave

| Section | | Grave num | iber | |
|---|-----------------------|----------------|----------------------------------|---------------------|
| Deed no. | | (Deed or signe | d Statutory Declaration must be | e submitted) |
| | | | | |
| Name of register | ed owner | | | |
| Address in full | | | | |
| | | | | |
| | | | | |
| Tel no. | | | | |
| Email | | | | |
| Relationship to c | leceased | | | |
| Are there any fa | mily graves close by? | Yes / No | | |
| Is there a memo | rial on the grave? | Yes / No | Which mason will be removing it? | |
| Signature of region (where no change of own | | | | |
| Please note, if | the grave owner is | deceased | and is not the perso | n being buried, the |

ownership must be transferred prior to the interment taking place.

Details of Proposed Grave Owner (for transfer in the case of the registered owner being deceased)

| Name in full: Mr/Mrs/Miss/Ms | |
|------------------------------|--|
| Address in full | |
| | |
| | |
| | |
| Tel no. | |
| Email | |
| Relationship to deceased | |
| Signature of proposed owner | |
| | |

Details of New Grave Required

| Please note: All gra | | |
|----------------------|----------------|---------------------|
| possible if no other | instruction is | given |
| Grave for | 1/2/3 cc | offins (maximum 2 i |
| Grave type | Lawn / Ope | n / Cremated Rer |
| Denomination | Unconsecra | ted / Consecrated |
| Section | | Grave number |
| | | |

Details of Coffin

| (we add 5" to the provided coffin measurements when digging the grave) Wid Weight of coffin (if it exceeds 16st or 100kg) Image: second se | | | |
|---|---|-----------------|--------|
| (we add 5" to the provided coffin measurements when digging the grave) Wic Weight of coffin (if it exceeds 16st or 100kg) Image: Content of the provided content of the provide | Please circle | Coffin (shap | oed) / |
| grave) Wic Weight of coffin (if it exceeds 16st or 100kg) | 5 | | Len |
| | | hen digging the | Wid |
| Extra lowering strap required? Yes / No Ext | Weight of coffin (if it exceeds 16st of | or 100kg) | |
| | Extra lowering strap required? | Yes / No | Extr |

Details of Grave Owner (for a new grave)

| Name in full: Mr/Mrs/Miss/Ms | |
|---|---|
| Address in full | |
| | |
| | |
| | |
| Tel no. | |
| Email | |
| Relationship to deceased | |
| I hereby agree to abide by the c erect a memorial on the above g mason who is on Chesterfield Bo will be wholly responsible for its Borough Council to remove the r dilapidated. I confirm that I am a | rave space, the rough Council's maintenance an nemorial should |
| Signature | |

| All new graves are dug to maximum depth in Spital Cemetery) 3 cremated remains emains / Baby / Muslim ed / Roman Catholic |
|--|
| emains / Baby / Muslim |
| |
| ed / Roman Catholic |
| |
| |

| Casket (not shaped) / CR Casket / Bio box | |
|---|----------|
| gth (feet & inches) | |
| lth (inches) | |
| | |
| ra putlogs required? | Yes / No |
| | |

and regulations. I understand that if I wish to work must be carried out by an experienced Approved List of Memorial Masons, and that I nd safety. I hereby authorise Chesterfield they deem it to have become unsafe or