

## **Notice of Interment**

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Cemetery location:

<b>Details of Deceased</b>				
Name in full:			Male Female	
Address:				
			Postcode:	
Description: (please (✔) tick)				
Married Civil Partner	Widow Widow	er Neither M	arried nor Civil Partnership	
Occupation:		Age:	Date of Birth:	
Date of death:	Place of death:			
<b>Details of Interment</b>				
Day of Interment:	Day		Time:	
Type of Interment:	Full burial		Cremated remains	
Container: (please (✔) tick)	Coffin Casket		Cremation Casket	
If Cremated Remains burial, are re	emains At Crematoriu	m With Funer	al Director With Family	
Container sizes - Size: *L:  *L=Length, SW = Shoulder Width (Please note: sizes must be exact  Details of Service	FW = Foot Width, D =			
Where will the service be held?		Time of service	e:	
Name of Minister:		Denomination	of Minister:	
Is the funeral of the deceased a F	artnership Funeral Se	rvice Yes	No No	
Details of Grave (*New/E	xisting) * Delete	Section:	Number:	
Number of further full burials requ *You will be contacted if this grave Names of Applicants:	<u> </u>			
Title:	Ti	tle:		
Title:				
Relationship to deceased (main a				
Address:			Postcode:	
Telephone number:				
Name of original Grave Owner (if	not applicant):			
Signatures of Applicants:				
	Date:		Date:	
	Date:		Date:	
Please tick box if you do not wish	n to receive a service	questionnaire		

## Please Note:

If the owner of an existing grave is deceased, ownership must be transferred prior to the interment taking place. If the deceased is the original owner, then ownership does not have to be transferred prior to burial as the owner has the right to be

buried in the grave. However, it is advisable to have ownership transferred as soon as possible after the owner has been buried.

The Grave Deed should accompany this order (if an existing grave). If this is not possible, the Declaration below must be completed by the Grave Owner/Applicant.

Declaration			
Grave Section:	Number:	St.Helens/Newton Cemetery	
the Deed of Grant of	Exclusive Right of Burial in respect of the sa	anding that I/We am/are unable to produce of the above grave, originally purchased by me having been lost or destroyed, I/We opened for the interment of	
allivate the rightion po		deration of you permitting this to be done.	
I/We hereby agree to		nces of you granting such permission.	
Signatures of Applica	ants:		
	Date:	Date:	
	Date:	Date:	
Declaration of (	Grave Space to be Marked C	Closed	
	s grave space can now be marked clo emated remains will now be permitte	osed for further full interments and that d following this interment.	
Signatures of Applica	ants:		
	Date:	Date:	
	Date:	Date:	
	9.30am three days before the interme	delivered to the Cemeteries and Crematorium ent is due to take place (excluding Saturdays,	
	Il not be responsible for any misunder nless immediately confirmed in writing	estanding with regard to orders or instructions g.	
Funeral Director:			
Address:		Postcode:	
Signature (Funeral Di	irector):		
Date:			
Return Address St. Helens Cemetery Telephone 01744 677 Fax: 0174 677411 Email: sthelensceme		10 6DF.	
For office use only:			
Grave Deed	Disposal certificate Declar	aration signed New Grave	

St Helens Council is registered with the Information Commissions Office (ICO) under the provisions of the Data Protection Act 2018. The council takes its responsibilities under the Act very seriously. For further information please see our full privacy notice available at www.sthelens.gov.uk/bereavementprivacynotice or in person at St Helens Cemetery & Crematorium Office, Rainford Road, St Helens, WA10 6DF.