**BUCKINGHAM TOWN COUNCIL**

**CEMETERIES MANAGEMENT**

APPLICATION FOR INTERMENT

***This application is confirmation of a previously agreed telephone booking.***

Applicants are advised to familiarise themselves with the Town Council’s Cemetery Handbook, which is available from the Town Council office, local undertakers and from the Buckingham Town Council website: www.buckingham-tc.gov.uk

All relevant areas of the application must be completed. Particular attention must be paid to the section regarding Particulars of Grave. Failure to accurately complete the application could result in delay of the interment.

This application must be forwarded to: Buckingham Town Council, The Buckingham Centre, Verney Close, Buckingham. MK18 1JP. (Tel: 01280 816801), together with all fees and monies due, and a copy of the Grave Deed. This form must be received in the office at least 3 working days before the interment; except for religious reasons. (ie excluding Saturday, Sunday and Public Holidays). All cheques to be made payable to Buckingham Town Council. Contact the office for details of how to pay by BACS, if preferred.

|  |  |
| --- | --- |
| I/We\*: |  |
| Address: |  |
| Telephone number: |  |
| Contact email address: |  |

Give notice that I/We\* wish to bury the remains/ashes\* of the deceased person named below at Brackley Road Cemetery, Buckingham and give the following information.

# PARTICULARS OF DECEASED

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Age: |  |
| Surname: |  | Sex: |  |
| Forenames: |  | Date of Death: |  |
| Home Address: |  | Place where death occurred: |  |

# PARTICULARS OF BURIAL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day of Interment: |  | Date: |  | Time: |  |
| Section: |  | Grave Number: |  | Copy of deed attached: | **Yes  No** |

**Coffin Dimensions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Width: |  | Length: |  | Depth: |  |

**Please make allowances for handles etc.**

Will the cemetery Chapel be required? **Yes  No**

# PARTICULARS OF GRAVE

Single Depth 6’  Cremated Remains  To Purchase

Re-Open  Child  Previously Purchased

# IF GRAVE IS BEING PURCHASED

Full name and address of person to whom Exclusive Right of Burial is to be issued:

|  |  |
| --- | --- |
| Title: |  |
| Surname: |  |
| Forename: |  |
| Address: |  |

# IF RE-OPENING A GRAVE

THE FOLLOWING FORM OF NOTICE IS TO BE COMPLETED:

|  |  |  |  |
| --- | --- | --- | --- |
| I am the owner / legal representative of the owner of the Exclusive Right of Burial | | | |
| In section: |  | Grave No: |  |
| at Brackley Road Cemetery, Buckingham and consent to the burial therein of the remains of: | |  | |
| I attach the Deed of Grant: | | **Yes  No** | |
| I cannot produce the Deed of Grant because: | |  | |

I indemnify Buckingham Town Council against any claims or expenses arising from the Council’s reliance on my authority.

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Signed: |  |
| Date: |  |

This document is submitted in the knowledge that all persons connected with this application will comply with the relevant procedures applicable to cemetery procedures, including those contained in the Town Council’s Brackley Road Cemetery Handbook, a copy of which I have received:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant: |  | Date: |  |

**Calculate Fees:** **For Office Use Only**

Interment:

Purchase plot: Authorised:

Other: Date:

Total: