

APPLICATION FOR A BURIAL IN AN ADULT SECTION

Inter. No:
Receipt No:
Fees:
Date letter sent:
Type of grave:

FOR OFFICE USE ONLY

Complete this form in full using BLOCK CAPITALS and tick the appropriate option.

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DEC	/EAS	SEU 3	S DET	AILS

Deceased Name In Full		Age	Sex
Home Address			
	Postcode	Religion	
Place of Death	Date of Death		
Day, date and time of interment:			
APPLICA	ANT DETAILS		
Full Name			
Address (if different from above)			
		Postcode	
Your relationship to the deceased			

BURIAL OPTIONS

TO PURCHASE THE EXCLUSIVE RIGHT OF BURIAL FOR 100 YEARS IN A GRAVE IN A LAWN SECTION (EXAMPLES OVER LEAF)

What section will the grave be in?

Church Of England Roman Catholic Muslim

Will the grave be required for:

1 Burial 2 Burials 3 Burials

Will the burial be 'coffinless'? Yes / No Will you require a block lined grave? Yes / No

Are cover boards required? Yes / No

Will you require a wooden grave frame? Yes / No(Price on request)

APPLICATION FOR EXISTING PURCHASED GRAVE TO BE RE-OPENED

I declare that I am the:

Registered Owner Executive of the Registered Owner Next of Kin of the Registered Owner and that I idenmnify Walsall Council against all claims which may be suffered in consequence.

If the grave rights owner is deceased a statutory declaration will be required before any memorialisation can take place.

UNPURCHASED GRAVE IN A LAWN SECTION

A purchased grave is not required for this burial and I am aware that a memorial cannot be erected until the Exclusive Right of Burial has been purchased (if available)

I agree to adhere to the council rules and regulations in relation to cemeteries and crematorium. I understand that a copy of these can be found on the council website and that I can request a hard copy of these if I wish to. I understand and accept that the council:

- will take all reasonable care to comply with the instructions given above
- reserves the right to cancel an interment in the event of severe weather or other circumstances outside the council's control
- will endeavour to give such notice as circumstances allow when cancelling
- will not accept liability for any additional costs incurred in these circumstances
- will send me information relating to cemetery facilities and memorials

Walsall Council will only ever create, use, store and or share your data in accordance with the data protection regulations and conditions for processing as set out in our privacy statement(s) which are available online via http://go.walsall.gov.uk/privacystatement. Should there be a requirement to share your information for any other purposes outside of our public functions, tasks and statutory requirements, Walsall Council will always ensure consent is appropriate wherever necessary.

Applicants Signature	.Date
4-1	
Email	.Telephone Number

I understand you will be contacting me to take payment over the phone if necessary

FUNERAL DIRECTOR DETAILS

· onema	5111201011 52171120			
Company Name	Telephone Numb	oer		
Net Coffin Size		Yes /	No if ves enclose form	

EXAMPLE OF CHURCH OF ENGLAND AND ROMAN CATHOLIC LAWN SECTION





EXAMPLE OF MUSLIM LAWN SECTION

