



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

APPLICATION FOR A BURIAL IN A BABY SECTION

..... CEMETERY

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

DECEASED'S DETAILS

Deceased Name In Full Age Sex
Parents Address
..... Postcode Religion
Place of Death Date of Death
Day, date and time of interment:.....

APPLICANT DETAILS

Full Name
Home Address (if different from above)
..... Postcode
Your relationship to the deceased

BURIAL OPTIONS

APPLICATION FOR AN INDIVIDUAL GRAVE IN A BABIES SECTION

What section will the grave be in?
Non-denominational Muslim

APPLICATION FOR A BURIAL IN A COMMUNAL GRAVE IN A LAWN SECTION

I am aware this is a communal grave which means no memorials can ever be placed on this grave.

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
Email..... Telephone Number

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

FUNERAL DIRECTOR DETAILS

Company Name Telephone Number
Net Coffin Size (**maximum coffin size permitted on this section is 1,115 mm (44") by 510mm (20")**)
Family Back Fill? Yes / No if yes enclose form