



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

APPLICATION FOR A BURIAL IN A CREMATED REMAINS SECTION

..... CEMETERY

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

DECEASED'S DETAILS

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

APPLICANT 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 AND INTERMENT IN A CREMATED REMAINS GRAVE IN A LAWN SECTION

Cremated Remains are to be scattered with (if applicable)
Name of Deceased Date of Death

APPLICATION FOR EXISTING PURCHASED GRAVE TO BE RE-OPENED

Grave number to be re-opened In which (full name).....
was interred on (date)..... (Please enclose the grant of right to burial if available)

I declare that I am the:
Registered Owner Executive of the Registered Owner Next of Kin of the Registered Owner
and that I indemnify 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.

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