

Office use only: Grave No ..... Grant No ..... Receipt No ..... Fees ..... Disposal Cert .....



Civic Offices, Civic Way  
Swadlincote, Derbyshire DE11 0AH  
Telephone: 01283 595782  
Fax: 01283 595720  
Email: cultural.services@southderbyshire.gov.uk

**INTERMENT APPLICATION FORM FOR**

**CEMETERY**

72 hours notice to be given for a burial whether it be a public or private grave. This notice is exclusive of Saturday, Sunday and Public Holidays

**DETAILS OF DECEASED**

Full name (Mr / Mrs / Miss / Ms / Baby) ..... Age .....  
Occupation ..... Married / Single / Widowed / Divorced / Separated  
Place of Death ..... Date of Death .....  
Home address .....  
.....

**FUNERAL / INTERMENT DETAILS**

Day ..... Date .....  
Time (at Graveside) ..... Name of Minister .....

**DETAILS OF GRAVE OWNER / APPLICANT\* (\* delete as appropriate)**

Full name (Mr / Mrs / Miss / Ms) .....  
Address .....  
.....  
Postcode ..... Telephone No. ....  
Signature .....

**DETAILS OF SECOND GRAVE OWNER / APPLICANT (if applicable)**

Full name (Mr / Mrs / Miss / Ms) .....  
Address .....  
.....  
Postcode ..... Telephone No. ....  
Signature .....

**DETAILS OF GRAVE**

Grave No ..... Section ..... Depth of Grave ..... New / Re-open .....

External size of coffin (including handles): Length ..... Feet ..... Inches

Width ..... Feet ..... Inches

Grave Size (for office use only): Length ..... Feet ..... Inches

Width ..... Feet ..... Inches

Names and dates of those in a grave to be re-opened: .....

.....

**IF THE BURIAL IS FOR CREMATED REMAINS IN AN EXISTING GRAVE (not cremated remains section)**

It is acknowledged that the grave space listed above is full for coffined burials and I agree that this grave will not be used for any further full sized coffin interments:

Signature (Grave owner/s) .....

Position of remains in a grave (for office use only): Head / Foot / Centre / Under kerb-set

**IF THE BURIAL IS TO BE IN A PUBLIC GRAVE, THE APPLICANT MUST SIGN BELOW:**

I fully understand that the deceased person named above is to be buried in a public grave in which other persons are, or may be, buried and no memorial will be allowed.

Signature (Grave owner/s) ..... Print Name .....

**NAME AND ADDRESS OF FUNERAL DIRECTOR**

.....

.....

.....

.....

Telephone No. ....

**How is your information used?**

Information given on this form will be used to facilitate the interment of the named deceased and to generate the relevant records and paperwork as required by law.

**Who has access to your information?**

Information can be accessed by staff within Cultural Services Team and may be shared with other Council departments, funeral directors, memorial masons, members of the clergy, Parish Councils, industry governing bodies and legal advisory services but only for the purpose of dealing with and responding to appropriate enquiries pertaining to the named deceased.

**Please note that certain records concerning the deceased are public records and therefore may be viewed by anyone on request. These publicly accessible records may include, but are not limited to, their full name, age, date of death/interment, grave number and section reference.**

For further information about how your personal information may be used, please visit [www.southderbyshire.gov.uk](http://www.southderbyshire.gov.uk) where you can see a full copy of our privacy notice. Alternatively you can request a hard copy from [cultural.services@southderbyshire.gov.uk](mailto:cultural.services@southderbyshire.gov.uk)