Exclusive Right of Burial Form

This notice of interment must be submitted at **least 72 hours** prior to the day of interment.

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| **SERVICE DETAILS** | | | | | | | |
| **Cemetery:** | | | | **Grave Section: Grave Number:** | | | |
| **Day:** | | **Date:** | | | **Hour:** | | |
| **DECEASED DETAILS** | | | | | | | |
| **Full Name of Deceased:** | |  | | | | | |
| **Date of Birth:** | | **Date of Death:** | | | **Age:** | | |
| **Address:** | | | | **Place of Death:** | | | |
| **Marital Status:** | | | | **Religion:** | | | |
| **FULL BURIAL** | | | | | | | |
| **New Grave**  **50 / 75 years \*** | | **Re-open Grave** | | | **Pre-Purchased Grave** | | |
| **Open to depth for 1** | | **Open to depth for 2** | | | **Open to depth for 3** | | |
| **Coffin / Casket** | **Length:** | | | **Width:** | | | **Locking handles: Yes/No** |
| **Chapel required: Yes / No**  (Rose Hill & Mexborough Cemetery Only) | | | | **Additional Requirements:** | | | |
| **In the case of re-opening a grave, please name people already buried:** | | | |  | | | |
| **CREMATED REMAINS** | | | | | | | |
| **New Plot / Grave**  **50 / 75 years \*** | | | **Re-open Plot / Grave** | | | **Pre-purchased Grave / Plot** | |
| **In the case of re-opening a grave/plot, please name people already buried:** | | | |  | | | |
| **Family Attending Appointment** | | | | **No-One Present** | | | |
| **Please state type of container e.g urn /casket** | | | |  | | | |
| **Who will deliver Remains to the appointment:** | **Cemetery Staff** | | | **Family** | | | **Funeral Director** |
| **FUNERAL DIRECTOR DETAILS** | | | | | | | |
| **Funeral Company Name:** | | |  | | | | |
| **Address:** | | |  | | | | |
| **Telephone Number:** | | |  | | | | |
| **Funeral Director Signature:** | | |  | | | | |
| **OFFICIAL USE ONLY** | | | | | | | |
| **Owner checked** | | | **Computer** | | | **Register of Graves** | |
| **Financed** | | | **Receipt No:** | | | **Grave Deed** | |

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| **GRAVE OWNER DECLARATION** |
| Grave / Plot to be opened for burial.  **Note: This must be signed by the registered owner of the exclusive right of burial.**  I hereby authorise and request you to open:  Grave Section: \_\_\_\_\_\_\_\_ Grave Number: \_\_\_\_\_\_\_  Within \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cemetery.  Mr / Mrs / Miss / Ms  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of registered owner:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DECLARATION NOT BEING GRAVE OWNER** |
| I, the undersigned, **not being the owner** of Grave Section: \_\_\_\_\_\_\_ Grave Number \_\_\_\_\_\_\_\_\_  within \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cemetery, declare that I am the person entitled to authorise the  interment of the late:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(The original grave owner)  **By signing, I hereby undertake to indemnify Doncaster Metropolitan Borough Council in respect of any claims or demands that may be made at any time after in connection with or arising out of such interment.**  Mr / Mrs / Miss / Ms  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Funeral Director)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |