

Exclusive Right of Burial Form

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

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				
<input type="checkbox"/> New Grave EROB 100yrs		<input type="checkbox"/> Re-open Grave		<input type="checkbox"/> Pre-Purchased Grave
<input type="checkbox"/> Include Headstone permit fee				
<input type="checkbox"/> Open to depth for 1		<input type="checkbox"/> Open to depth for 2		<input type="checkbox"/> Open to depth for 3
Coffin / Casket	Length:	Width:	Depth:	Locking handles: Yes/No
Chapel required? Yes / No (Rose Hill/Mexborough Only)		Additional Requirements:		
<input type="checkbox"/> Graveside service		<input type="checkbox"/> Horse drawn carriage		<input type="checkbox"/> Family to backfill grave
In the case of re-opening a grave, please name people already buried:				
CREMATED REMAINS				
<input type="checkbox"/> New Plot EROB 50yrs		<input type="checkbox"/> Re-open Plot / Grave		<input type="checkbox"/> Pre-purchased Grave / Plot
In the case of re-opening a grave/plot, please name people already buried:				
<input type="checkbox"/> Family Attending Appointment		<input type="checkbox"/> No-One Present		
Please state type of container e.g urn /casket				
Who will deliver Remains to the appointment:	<input type="checkbox"/> Cemetery Staff	<input type="checkbox"/> Family	<input type="checkbox"/> Funeral Director	
FUNERAL DIRECTOR DETAILS				
Funeral Company Name:				
Address:				
Telephone Number:				
Funeral Director Signature:				
OFFICIAL USE ONLY				
<input type="checkbox"/> Owner checked		<input type="checkbox"/> Computer		<input type="checkbox"/> Register of Graves
<input type="checkbox"/> Financed		Receipt No:		<input type="checkbox"/> Grave Deed

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 The City of Doncaster 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: _____