

**NOTICE OF INTERMENT
of BURIAL / ASHES**

**in a NEW Grave/Memorial Plot/Wall of Remembrance/Columbarium/Ash Vault/Sanctum/Formal
Kerbstone/Catacomb**

No. PLOT/SECTION/WALL No CEMETERY

SECTION A

Interment arranged for (day) (date) (time) DIRECT / CHAPEL (delete)

Full name of deceased

Permanent Address of Deceased

Date of Death Place where death occurred Age last birthday

Whether: Single / Married / Civil Partner / Widowed / Divorced Occupation

Outside dimensions of coffin/casket: Length Width Depth Grave Depth

Ashes to be brought on the day by: Family / Funeral Director / collected from crematorium (delete as appropriate)

Minister Name of Church Church Service Time

Signature of Funeral Director Print Date

Company Name and Address

..... Postcode Telephone

SECTION B

Full name of Proposed Owner: Title.....Name

Address

..... **Postcode**

Relationship of Deceased Telephone

I agree to abide by the Cemetery Rules and Regulations set by the Council relating to the purchase of the Grant of Exclusive Right of Burial.

Signed **Date**

This form is to be delivered within at least **72 hours prior to the date of interment**, duly completed together with a cheque (made payable to Cheshire East Council) to:

Cemetery Office, Market Close, Crewe CW1 2NA
Cemetery Lodge, Prestbury Road, Macclesfield SK10 3BU
(Delete as applicable)

FOR OFFICE USE: Amount £ **Receipt No** **Date**

Grant No **Burial No.** **RPG**.....