

## Hainault Road • Chigwell • Essex • IG7 6QZ

*Tel:* Cemetery Office 020 8501 0419 *Tel:* Parish Office 020 8501 4276

## NOTICE OF INTERMENT - CHIGWELL CEMETERY

**Note:** Your attention is drawn to the Cemetery Regulations and Schedule of Fees and Charges. Copies are available from the Clerk to the Council at the above address or from the Parish Council Website

## **SECTION 1**

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Name of officiating Minister

	O == O = 1	
1	Cemetery at which the funeral will take place	Chigwell
2	Grave or Plot number (if known)	
3	Type of interment (burial or cremated remains)	
4	Whether to be in consecrated or unconsecrated section	
5	Proposed depth of grave	
6	Dimensions of coffin or casket (Please give <u>actual external</u> measurements, <u>including</u> any projection of lid / handles)	Maximum width x Maximum length x
SE	CTION 2	No booking will be confirmed until the dimensions are provided to the Cemetery Registrar in writing
1	Name of the deceased	
2	Age of the deceased	
3	Home address of the deceased	
4	Place where death occurred	
5	Date of death	
SE	CTION 3	
1	Day and date of interment	
2	Time of arrival at cemetery	
3	Name of Funeral Director	
4	Name and address of Church where service is to be held	
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## **SECTION 4**

1 PRINT Full name of the owner* of th	е			
grave/plot(*or purchaser for a new purchase)				
2 please supply the <u>full</u> address of the owner of new purchaser	1			
no ii parenaser				
3 If the owner of the grave/plot is deceased please give the <u>full</u> name and address of th				
person to whom information regarding th				
transfer of rights should be sent				
I authorise the opening of this grave	Signature of owner or applicant for burial if owner deceased			
(If this application relates to the owner of the grave, the signature	re			
of the person to whom the Exclusive Rights are potentially to b transferred should be given).	e			
Note:				
If this is not a new purchase and the owner of the grave/plot is deceased, the Deed of Grant				
should be sent to the Registrar with this Notice of Interment				
SECTION 5				
1 Name and address of Funeral Director				
2 Telephone number				
3 Fee submitted with this form	$ \cdot $ £			
4 Signature of Funeral Director				
5 Date				
For office use only:				
Fee checked	Transfer recorded			
B REG Ref.	DEED SENT			
G REG Ref.	REMARKS:			
PG REG Ref.				
Index Noted				
Plan Noted				

CEMETERY/INTRFRM2024