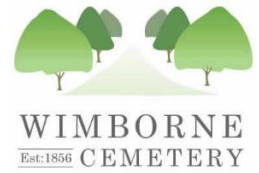


# Interment Notice



## Deceased Details

**Full Name:** Mr / Mrs / Ms \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Cause of Death:** \_\_\_\_\_

**Place of Death:** \_\_\_\_\_

**Residency Status (select one):**

Wimborne Minster  Colehill  Pamphill & Shapwick  Non-Resident

## Interment Details

**Day, date, and time of burial:** \_\_\_\_\_

**Plot Size:** Adult  Child  Ashes

**Grave Depth:** Single/Re-open  Double  Ashes

**Consecrated or Unconsecrated:** Consecrated  Unconsecrated

If the interment will be in a pre-purchased grave, please provide applicable details:

**Full Name of Last Interred:** \_\_\_\_\_

**Date of Last Interment:** \_\_\_\_\_ **Grave Number:** \_\_\_\_\_ **Grant No:** \_\_\_\_\_

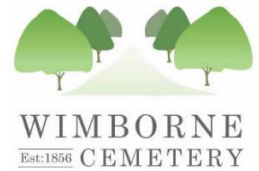
## Service Details

**Will the Cemetery Chapel be required?** Yes  No

**Service Location:** \_\_\_\_\_

**Officiating Minister:** \_\_\_\_\_ **Time:** \_\_\_\_\_

# Interment Notice



## Service Details cont.

Does any person attending the service (if held in the Cemetery Chapel) have any access requirements that need to be catered for in the event of a fire? Yes  No

(Please be aware that a wheelchair ramp is already available)

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

## Applicant/Next of Kin Details

Full Name: Mr / Mrs / Ms \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the deceased: \_\_\_\_\_

I confirm that I have read and agree to abide by the Wimborne Cemetery Regulations.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

## Funeral Director Details

I confirm that I have read and agree to abide by the Wimborne Cemetery Regulations.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Please return the completed form with fee at least two days prior to the interment

## FOR OFFICE USE ONLY

R  Non-R

Purchase £

Interment £

Grave Dig £

Chapel £

Total £

Invoice No.:

Receipt No.:

ROB Interment No.:

Grave No.:

ROB:

ROG:

ROPG:

# Interment Notice



WIMBORNE  
Est. 1856 CEMETERY

## Authority to Open Grave

The owner/s of the Exclusive Right of Burial (ERoB) have the automatic right to be buried in the grave specified on the Grant, however, if the deceased does not own the grave, permission must be given by the owner/s for the grave to be re-opened for the purposes of the interment.

**If the deceased is not being buried in a grave for which they hold the Exclusive Right of Burial, please complete one of the following sections:**

### A – UNPURCHASED / COMMON GRAVE

I would like the burial to take place in an unpurchased grave. I understand that if I do not buy the Exclusive Right of Burial to the grave then Wimborne Cemetery Joint Management Committee may bury other unrelated people in the grave. I understand that no memorials will be permitted on the grave.

**Signature of applicant:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

### B – PURCHASE NEW GRAVE

**Full Name/s:** Mr / Mrs / Ms \_\_\_\_\_

Mr / Mrs / Ms \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

I/we apply to purchase the Exclusive Right of Burial for a new grave in rotation and hereby consent to the opening of the grave for the purpose of the interment specified overleaf. I/we confirm that I/we have read and agree to abide by the Wimborne Cemetery Regulations and the details above are correct.

**Signature/s:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

### C – RE-OPEN PURCHASED GRAVE

I/we hereby consent to the opening of grave \_\_\_\_\_ in Wimborne Cemetery, for the purpose of the interment specified overleaf and confirm I/we are the owner/s of the Exclusive Right of Burial for the said grave.

**Owner 1 Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Full Name:** Mr / Mrs / Ms \_\_\_\_\_

**Owner 2 Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Full Name:** Mr / Mrs / Ms \_\_\_\_\_

**Owner 3 Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Full Name:** Mr / Mrs / Ms \_\_\_\_\_