



NORTH WALSHAM TOWN COUNCIL

Application for Interment

Re: _____ deceased

Funeral Director:- _____

Date of Interment:- _____ Time of interment:- _____

Cemetery (<i>Please circle</i>)-	Chapel	North	South	Garden of Remembrance
Burial (<i>Please circle</i>)	Single £387	Double £528	Re-opener £387	
Ashes (<i>Please circle</i>)	Single £136	Double £136	Re-opener £136	Ashes in existing grave £136
Exclusive Rights (<i>Please circle</i>)	Burial £239	Ashes £135	Re-opener 0.00 (only if rights already purchased)	
Ashes Tablet (not exceeding 18" x 18")	£81			

For New Ashes only – What style memorial stone do you intend to place? Fixed Vase / Tablet / Desktop / Book

For Out of Area (NR28) - double fees apply

TOTAL FEES: _____

Cheques payable to : North Walsham Town Council **Bac's:** Account No: 20510567 Sort Code: 60-83-01

Coffin or Casket: _____ Material: _____ Size: _____

Officiant name, if Grave side service: _____ Religion: _____

Date of birth: _____ Date of Death: _____ Cause of death: _____

Place of death: _____

Normal residence: (if not the same as above) _____

Occupation: _____ Marital status: _____ Maiden Name: _____

Exclusive Rights Application made by: _____

Address: _____

Relationship to deceased: _____ Email: _____

Re-opener (existing details) Exclusive Rights no. _____ Grave/Plot No. _____

Name of person interred: _____ Date of Interment: _____

If current exclusive rights owner is deceased, please give new owner: _____

Address of new owner of exclusive rights: _____

For Office Use only:

Burial No. _____ Grave/Plot No. _____ Exclusive Rights No. _____

TO BE COMPLETED BY APPLICANT

I hereby certify that all details recorded here are correct, that I **have received and read a copy of the Cemetery Rules and Regulations** and that I comply with them. I understand that a second copy of the Rules and Regulations will be sent to me along with the Deed of Exclusive Rights following the interment.

I understand that funeral flowers will be removed from the grave three weeks after the date of interment, or at such a time that the flowers fade, or when otherwise instructed by the family of the deceased.

I wish to hold the Exclusive Rights of Burial to the grave in which the deceased named within this document is to be interred. I understand that my Rights will exist for the period of 75 years from the date specified on the Title Deed.

As the holder of the Exclusive Rights, I will notify North Walsham Town Council of any change of address.

I hereby undertake to indemnify North Walsham Town Council and all of its officers and members against any claim whatsoever relating to the grave, its ownership or Exclusive Rights of Burial therein for as long as they comply with Cemetery Rules and Regulations.

I also understand that any work carried out to remove and re-fix a memorial is not the responsibility of the Town Council.

I, the above named, agree to all the points in the above declaration.

Signed: _____ Dated: _____

Our General Privacy Statement explains how we use your personal data, keep it stored securely and how you can exercise your rights. All data will be destroyed securely in line with our Retention & Disposal Policy
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Please return form to – Office 4, Cedar House, 3 New Road, North Walsham, NR28 9DE
or email to townclerk@northwalsham-tc.gov.uk