



### Application for Interment

This application, together with the Register's Certificate of Disposal, must be returned to the Cemetery Officer at Cambridge City Crematorium, Huntingdon Road, Cambridge, CB3 0JJ **not less than 3 days, excluding Saturday's, Sunday's and Public Holidays, before the proposed interment.**

**If there is a headstone already placed on the grave, arrangements must be made to remove the memorial not less than 3 days before the proposed interment**

Cemetery in which interment is required											
Funeral Director											
Day, date & time of burial											
Full name of deceased											
Address											
Place where death occurred											
Date of death				Date of birth				Age			
Dimensions of coffin or casket: (in inches) Length:								Width:		Depth:	
Religious denomination:				Officiating Minister:							
Chapel or straight to grave:				Number of grave:							
Organ				<b>YES/NO</b>							
Was deceased a resident of Cambridge?				<b>YES/NO</b>							

**If an un-purchased grave is required please complete section A below. For all other graves please complete sections B or C**

#### Section A Un-purchased grave

I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that no exhumations can take place.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Full name \_\_\_\_\_ Mr/Mrs/Ms/Miss/Other (delete as applicable)

Home address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_ Telephone number \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

**Section B New graves only**

I would like to purchase the Exclusive Rights of Burial.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Full name \_\_\_\_\_ Mr/Mrs/Ms/Miss/Other (delete as applicable)

Home address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_ Telephone number \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

**Section C Previously purchased to be opened**

To be completed by the grave owner or their next of kin where the deceased is the grave owner.

Please open grave number \_\_\_\_\_ at \_\_\_\_\_ Cemetery

For the interment of \_\_\_\_\_

I am the registered owner of the grave / next of kin / executor of the owner (delete as appropriate)

If none of the above please state your relationship to the deceased grave owner \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Full name \_\_\_\_\_ Mr/Mrs/Ms/Miss/Other (delete as applicable)

Home address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_ Telephone number \_\_\_\_\_

**N.B. Cambridge City Council can only authorise the opening of a purchased grave with the permission of the owner or to inter the owner. In all other cases ownership must be transferred to someone who can legally prove that they are entitled to receive these ownership rights. Whilst the Council will offer all assistance in establishing the means of transfer, responsibility remains with the funeral arranger to have clarified this matter before booking.**

**Cambridge City Council recognises that all Memorial Masons wishing to erect Memorials need to be BRAMM (British Register of Accredited Memorial Masons accreditation) accredited and in possession of a fixers licence issued by BRAMM. It would be appropriate if the funeral arranger could pass this information on to the relevant persons.**

Fees		Details of Funeral Director / Arranger	
Exclusive Right		Name:	
Interment		Address:	
*Chapel/Organ			
Total			
Receipt Number		Signature:	

\*Delete non-appropriate if necessary