



# FELIXSTOWE

## TOWN COUNCIL

Office use only

Burial No:

Grant No:

### **NOTICE OF INTERMENT FOR FELIXSTOWE CEMETERY**

This Notice is to be received at the Town Council's Office, Town Hall, Felixstowe  
**at least two working days** previous to any interment.  
The Office will be open for the receipt of such Notices from 9.00 a.m. to 4.00 p.m. Mondays to Fridays  
(except Bank Holidays). ☎ 01394 282086

#### **ALL FEES MUST BE PAID AT THE TIME OF DELIVERING THIS NOTICE**

#### **Deceased's details:**

Name of deceased (in full):

Permanent Residence of Deceased:

(If a previous Felixstowe resident, please complete section D over the page)

Postcode:

Age:

Occupation:

Date of Death:

Place of Death (if not as above)

#### **Interment details: (Burial hours 9.00 a.m. to 2.45 p.m. Mondays to Friday)**

Date of Interment:

Time:

Full service at graveside    **Yes**                      **No**

Name of Officiant:

Funeral Directors details:

Section of the cemetery: **Block** ..... **Plot No.**..... **Grant No.**..... (if re-open)

Grave Status (Circle as applicable):    **NEW GRAVE**        **PRE-PURCHASED**        **RE-OPEN**

Depth:    **SINGLE**                      **DOUBLE**                      **TRIPLE**

Exact size of coffin or casket (including handles):

**Length:** \_\_\_\_\_(feet) \_\_\_\_\_(inches) **Width:** \_\_\_\_\_(feet) \_\_\_\_\_(inches)

Cremated remains:    **CASKET**        /        **URN**                      **Length**\_\_\_\_\_ **Width**\_\_\_\_\_ **Height**\_\_\_\_\_

#### **ONLY TO BE COMPLETED FOR A NEW GRAVE – if pre-owned or re-open continue to next section**

I/We\* wish to purchase the Exclusive Right of Burial for 50 years                      \*delete where applicable

Applicant 1

Title and Full Name

Address

Signature

Date

Email

Telephone

Applicant 2		
Title and Full Name		
Address		
Signature	Date	
Email	Telephone	
If more than two applicants please add their names below, fill in their details and signature on an 'additional applicants' form and attach to this notice .....		

<b>SECTION A - Transfer of Ownership</b>
<p>If the owner is the deceased they are legally entitled to be interred in the plot.</p> <p>The person giving notice of this interment should visit or telephone Felixstowe Town Council (01394 282086) to make the necessary arrangements to have the Deed of Grant transferred to them.</p>
<b>SECTION B – Lawn Cemetery (Blocks G to M)</b>
<p>I, the undersigned, being the purchaser of the Grave Space detailed overleaf, acknowledge that this space is in the Lawns Section of the Burial Ground and as such is governed by the regulations relating to the erection of memorials etc., as detailed in Felixstowe Town Council's Cemetery Regulations.</p> <p>Signed ..... Date .....</p>
<b>SECTION C – Ex-Felixstowe Resident</b> (Please attach proof of Felixstowe residence eg Utility bill)
<p>I, the undersigned, confirm that the deceased is an ex-resident of Felixstowe who lived in Felixstowe for ..... Years and moved out of Felixstowe less than two years ago, for support care.</p> <p>Signed ..... Date .....</p>

**I hereby declare that the foregoing information is true to the best of my knowledge and belief, and I agree to settle any costs incurred in the provision of the services requested.**

Name & Signature of Applicant(s) for the interment:

Applicant ..... Date.....

**Additional applicants**

..... Date.....

..... Date.....

FOR OFFICE USE ONLY	Deed of Grant of EROB £ .....	Resident/Non-Resident
	Interment Fee £ .....	
	TOTAL £ .....	
	Invoice Number: .....	