



Bereavement Services
 The Chapel Office
 Skipton Crematorium
 Carleton Road
 Skipton
 North Yorkshire, BD23 3BT
 Telephone: 01756 796118
Bereavementservices@cravencd.gov.uk
www.cravencd.gov.uk/bereavement

Interment No:

NOTICE OF INTERMENT OF CREMATED REMAINS

All forms must be received at the Crematorium Office 48 hours before the Interment takes place

WALTONWRAYS CEMETERY	INGLETON CEMETERY
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Section:	Grave Number:
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DATE AND TIME OF ARRIVAL AT CEMETERY

Day:	Date:	Time:
Service in Chapel: <i>Please provide details separately</i>	Yes / No	Time:

Please ensure the original Cremation Certificate is attached to this form

Full Name of Deceased:			
Address:			
Single / Married / Widow / Civil Partnership / Unknown <i>Please delete as applicable</i>			
Date of Death		Age:	
Occupation		Male	Female
Place of Death			
Cremation Number:			

Denomination		Name of Officiating Officer:	
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Are the Ashes in a: <i>Please delete accordingly</i>	Casket	Bio-degradable container	To be poured in the grave
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PLEASE NOTE: *If Cremated Remains are placed in a full grave, it will prevent any further coffin burials in the grave*

<i>For reopening of an existing grave, please state full name and date of last person interred:</i>			
Name of Last Interred		Date of Interment:	

Name Funeral Director	
Address:	
Signature:	

APPLICANT FOR BURIAL MUST PLEASE COMPLETE AND SIGN EITHER SECTION A OR B OVERLEAF

SECTION A – TO BE COMPLETED WHEN A NEW GRAVE IS BEING PURCHASED

I/We apply for the Exclusive Right of Burial and hereby consent to the opening of the grave for the purpose of the interment specified overleaf.

I have read and understood the above statement and statement C below and agree to adhere to these regulations:

Signature:		Date:	
Print Full Name			
Address:			
		Postcode	
Tel No:		Email:	

**I/We wish to apply for the Exclusive Rights of Burial for
(delete as applicable)**

30 / 60 years

SECTION B – TO BE COMPLETED WHEN THE DECEASED OR THE PERSON MAKING THE APPLICATION FOR THE INTERMENT IS THE PERSON NAMED ON THE GRAVE GRANT (please attach Grave Deeds)

I confirm that I am the person named on the attached Grave Grant or I am the applicant for the interment of the grave owner and I hereby consent to the opening of the grave for the purpose of the interment specified overleaf. Where the Grave Grant has not been provided, I, in signing this form, AGREE that I understand that the Section and Grave Number given is correct.

I understand that after this interment that no further interment or work on the grave space will be permitted until the necessary steps have been taken to register a new owner. Please contact Bereavement Services directly for more information.

I have read and understood the above statement and statement C below and agree to adhere to these regulations:

Signature:		Date:	
Print Full Name			
Address:			
		Postcode	
Tel No:		Email:	

NB: IN ALL OTHER CIRCUMSTANCES, TRANSFER OF GRAVE OWNERSHIP MUST TAKE PLACE BEFORE ANY INTERMENT OR WORK ON THE GRAVE WILL BE PERMITTED.

SECTION C

In signing this form, I hereby undertake to indemnify the Council from and against all actions, proceedings, loss, charges, damages, expenses, claims and demands which may be brought or made against the Council in consequence of the Council's consent to open the grave specified overleaf and permitting the burial therein of this body.

In order to keep the grounds neat and tidy, to aid grounds maintenance and due to Health and Safety concerns, the area surrounding your grave should be kept clear of glass containers, plastic surrounds/edging, ornaments including windmills and wind chimes and any other such articles.

The Cemetery staff will remove any articles that are deemed unsuitable.

OFFICE USE	
Purchase of Exclusive Rights:	£
Purchase of Additional 30 years:	£
Interment Fee:	£
Other Charges – please specify	£
TOTAL DUE:	
	£
Date Paid:	Receipt/Invoice Number:
BACAS ID Number:	Date Entered on BACAS:
Plan Updated:	Deeds Sent:
Additional Information:	