

Roadé Parish Council

PO Box 847, Roadé Post Office, 7 High Street, Roadé,
Northampton, NN7 9AB
Email: clerk@roadeparishcouncil.gov.uk



Application for Interment at Roadé Cemetery

PARTICULARS OF DECEASED PERSON	Surname Christian or Forenames Home Address Post Code Date of Death Age at Death Where death occurred
DETAILS OF PROPOSED INTERMENT	Day and Date Time of expected arrival at cemetery Length of coffin Width of coffin Name of officiating Minister Whether use of chapel is required Any special requirement
LOCATION & CAPACITY OF GRAVE	Whether in consecrated ground (C of E only) YES / NO Number of interment spaces required in the grave ____ Whether to be reserved <input type="checkbox"/> or unreserved <input type="checkbox"/> OR Ashes burial in Garden of Remembrance YES / NO
PURCHASED GRAVE	Grave No. ____ Deed No. ____ Name(s) of person(s) already interred in the grave
EXCLUSIVE RIGHTS HOLDER (person to whom burial right has been granted OR, if such person is now deceased, the legal representative)	Surname Christian or Forenames Address Post Code Telephone No Whether original Grant holder <input type="checkbox"/> or representative of same <input type="checkbox"/> Relationship to deceased person now being interred Grant holder's Signature
MEMORIALS (for information only)	Whether memorial already existing on the grave YES / NO Whether it is desired to erect a memorial following this interment YES / NO
OFFICIATING FUNERAL DIRECTOR	Name Address Telephone No.

Note:

Any issued Deed of Grant relating to the grave must accompany this application.
 Separate arrangements must be made with a stonemason for the removal of any memorial to permit an interment to take place.

APPLICATION TO PURCHASE EXCLUSIVE RIGHT OF BURIAL

I desire to purchase the exclusive right of burial in a grave in which the above-named deceased is to be interred, and the following is my full name and address:

Full Name(Block letters)

Address:

Signed

APPLICATION FOR EXISTING GRAVE TO BE RE-OPENED

a) To be completed by the Grant holder

As the holder of the Exclusive Right of Burial I hereby give authority for Grave Number to be re-opened for the interment of the above named deceased, AND PRODUCE HEREWITH THE GRANT OF RIGHT OF BURIAL.

I declare that I am the person authorised to give this instruction, and I will indemnify Roade Parish Council against all claims, etc. which may be suffered in consequence.

Full Name (Block letters)

Address

.....Post Code Telephone no.

Relationship to deceased

Signature of purchaser

b) To be completed if Grant is held by deceased and a completed Assent (transfer) form [3] is attached.

I hereby confirm that the Exclusive Right of Burial deed no. , in the name of
.....for grave no. in Roade Cemetery, is to be transferred into my name and that I have read and completed the necessary transfer form(s), AND PRODUCE HEREWITH THE GRANT OF RIGHT OF BURIAL.

Full Name (Block letters)

Address

.....Post Code Telephone no.

Relationship to deceased

Signature of declarant

IMPORTANT: if the deed cannot be located a Statutory Declaration and Indemnity form [2], witnessed by either a solicitor or Commissioner of Oaths, must ALSO be completed and attached.