



# Tavistock Town Council

Tel: 01822 616134 Email: [cemeteryoffice@tavistock.gov.uk](mailto:cemeteryoffice@tavistock.gov.uk) Website: [www.tavistock.gov.uk](http://www.tavistock.gov.uk)

## Application for Interment

ALL APPLICATIONS MUST BE RECEIVED AT LEAST FOUR WORKING DAYS BEFORE INTERMENT TOGETHER WITH FULL PAYMENT AND OTHER STATUTORY DOCUMENT(S)

Please note interments may only take place between the hours of 10am and 3pm Monday to Friday (ex Bank Holidays)

### Deceased Details:

1. Full Name and Title of Deceased: \_\_\_\_\_
2. Gender: \_\_\_\_\_ 3. Age (years): \_\_\_\_\_
4. Profession or Occupation: \_\_\_\_\_
5. Home Address: \_\_\_\_\_  
\_\_\_\_\_
6. Date of Death: \_\_\_\_\_
7. Where Death occurred (if not home): \_\_\_\_\_

### Grave Details:

8. Grave Number (leave blank if new): \_\_\_\_\_ 9. EROB Deed No: \_\_\_\_\_
10. Details of last interment in this grave: \_\_\_\_\_
11. Type of grave (New, Re-open): \_\_\_\_\_
12. Grave Section-Religious Denomination: \_\_\_\_\_
13. Name of EROB Deed Owner: \_\_\_\_\_
14. Purchase of EROB Deed required: Yes/No (if Yes - fee required)
15. If Yes to question 14 please provide Name/s and Address of new Deed Holder/s:  
\_\_\_\_\_

### Interment Details:

16. Date of Burial: \_\_\_\_\_ 17. Time of Burial: \_\_\_\_\_
  18. Notifiable Disease Related Death: Yes/No
  19. Type of Burial (Coffin, Ashes): \_\_\_\_\_
  20. Has grave digging been requested? Yes/No 21. Will memorial be removed? Yes/No
  22. Coffin: External length \_\_\_\_\_ Breadth \_\_\_\_\_ Depth \_\_\_\_\_
  23. Name & contact details of Next of Kin (including telephone number and email address where possible):  
\_\_\_\_\_  
\_\_\_\_\_
  24. Is Chapel required? Yes/No (fee required) 25. Is organ required? Yes/No
  26. Name of Minister/Celebrant: \_\_\_\_\_
  27. Number of Attendees (including mourners, funeral directors): \_\_\_\_\_
- Name and Address of Funeral Director: \_\_\_\_\_  
\_\_\_\_\_

Signed (FD): \_\_\_\_\_ Date: \_\_\_\_\_

Payment Type: \_\_\_\_\_ Charges: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Signed (Deed Owner/Next of Kin\* Delete as appropriate): \_\_\_\_\_ Date: \_\_\_\_\_  
 \*To be signed by the legal owner of the Exclusive Right of Burial OR next of kin if the deceased held legal ownership.

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**FOR OFFICE USE ONLY**

Burial Register Number:	_____	Grant of Exclusive Rights Serial Number:	_____	Charges:	_____
Receipt Number:	_____	Invoice Sent: Yes/No		Private: Yes/No	Parishioner: Yes/No