

**APPLICATION FOR INTERMENT AT HADLOW CEMETERY**

Full name of Deceased \_\_\_\_\_

Home address of Deceased \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date & Place of Death \_\_\_\_\_

Parish in which death occurred \_\_\_\_\_

Date and time of interment \_\_\_\_\_

Name of officiating Minister (if any) \_\_\_\_\_

**Please note: Currently the provision to pre-purchase plots is now unavailable**

Grave **OR** Garden of Rest plot number (contact Parish Office) \_\_\_\_\_

**The Death Certificate (green form) or crematorium certificate must be with the Parish Office at least 48 hours ahead of the interment.**

- **Is the plot a new purchase? YES / NO** (delete as appropriate)

*[If YES, then an 'Application for the Purchase of an Exclusive Right of Burial' (Grant Deed) must be made to the Parish Office, signed by purchaser(s) with appropriate burial fee. No interment will be allowed without a Grant Deed being issued in advance (complete details overleaf - 'Application for the purchase of an exclusive right of burial').]*

- **OR has the plot been pre-purchased? YES / NO** (delete as appropriate)

*[If YES, proof will be required (i.e Grant Deed – original or copy – or number of grant deed and date issued.)]*

- **OR is the plot an existing grave to be re-opened? YES / NO** (delete as appropriate)

*[If YES, complete details overleaf – 'Certificate of authorisation to re-open existing grave' which must be signed by the existing owner of the Grant Deed.]*

Name/address of funeral director \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

*Please return completed form together with the appropriate remittance and paperwork (cheques payable to Hadlow Parish Council) and Crematorium Certificate to: The Parish Clerk, Hadlow Parish Council, Old School Hall, School Lane, Hadlow, Tonbridge, TN11 0EH Tel: 01732 851878*

**APPLICATION FOR THE PURCHASE OF EXCLUSIVE RIGHT OF BURIAL**

- 1. For an interment without previous purchase of an Exclusive Right of Burial please complete full name, address, telephone number and obtain signature of the immediate next of kin in whose name the Grant Deed should be issued.*
- 2. If the plot/grave space has already been purchased, then the parish office must have sight of the original Grant Deed. Please also complete details marked (\*) below to keep parish records updated.*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_ (Please also state if you are an executor)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



(\*) Please also add full name & contact details of next of kin (if different from above) for parish records.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_



**CERTIFICATE OF AUTHORISATION TO RE-OPEN EXISTING GRAVE (FOR SECOND BURIAL OR INTERMENT OF ASHES)**

***NB: This section must be signed by the existing owner of the Exclusive Right of Burial. If the owner of the Exclusive Right of Burial is the deceased then the Executor/immediate next of kin must visit the parish office with the grant deed to arrange a Transfer of Burial Rights as soon as possible.***

I, \_\_\_\_\_

(full name in capitals)

of \_\_\_\_\_

(address including postcode)

\_\_\_\_\_ Tel: \_\_\_\_\_

being the \_\_\_\_\_ (relationship) of the deceased, details

of whom are given overleaf, hereby authorise you to re-open Grave No. \_\_\_\_\_

for the interment of the deceased.

I hereby undertake to hold \_\_\_\_\_

(name of funeral director)

their servants and agents, harmless or indemnified against all actions, proceedings, claims and demands, costs, damages and expenses which may be brought against them or which they may pay, sustain or incur by reason of the said grave having been re-opened under this authority.

Signed: \_\_\_\_\_ (Owner of Grant Deed)

Date: \_\_\_\_\_