

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 <u>at least two working days</u> 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). **2** 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 3.00 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				
Exact size of coffin or casket (including handles):  Length:(feet)(inches)				
Cremated remains: CASKET URN	Length Wic	lth		
ONLY TO BE COMPLETED FOR A NEW GRAVE – if pre-owned continue to next section				
I/We* wish to purchase the Exclusive Right	of Burial for 50 year	ars	*delete where applicable	
Applicant 1				
Title and Full Name				
Address				
Signature	1	Date		
Email	-	Геlephone		

Applicant 2				
Title and Full Name				
Address				
Signature	Date			
Email	Telephone			
If more than two applicants please add their applicants' form and attach to this notice	names below, fill in their details and signature on an 'additional			
SECTION A - Transfer of Ownership				
If the owner is the deceased they are leg				
	·			
The person giving notice of this intermen	t should visit or telephone Felixstowe Town Council (01394 282086)			
to make the necessary arrangements to	have the Deed of Grant transferred to them.			
SECTION B – Lawn Cemetery (Blocks G to M)				
in the Lawns Section of the Burial Ground of memorials etc., as detailed in Felixsto	of the Grave Space detailed overleaf, acknowledge that this space is d and as such is governed by the regulations relating to the erection we Town Council's Cemetery Regulations.  Date			
	lent (Please attach proof of Felixstowe residence eg Utility bill)			
_	ased is an ex-resident of Felixstowe who lived in Felixstowe for			
	owe less than two years ago, for support care.			
Signed	Date			
	ormation is true to the best of my knowledge and belief, d in the provision of the services requested.			
Name & Signature of Applicant for the i	nterment			
Address				
Date				
FOR OFFICE USE ONLY	Resident/Non-Resident  Deed of Grant			
TOR OFFICE GOL ONE!	of EROB £			
Invoice	Interment Fee £			
Number:	TOTAL £			