

CLIPSTONE CEMETERY

<p>Name and address of applicant and <u>relationship to the deceased</u></p>	<p>Name and address, telephone and email of funeral director</p>
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This form MUST be fully completed and received at Clipstone Parish Council’s correspondence address AT LEAST 3 CLEAR (not incl. day of receipt and day of funeral) WORKING DAYS PRIOR TO THE FUNERAL SERVICE. Please note that if this form is either not fully completed or received by the time stated, then burial may be delayed.

INTERMENT DETAILS	
Date & Time of Burial	Date: Time:
Full Name of Deceased (Mr, Mrs, Miss, Other)	
Age of Deceased	
Date of Death/Marital Status	/
Last permanent address (If the deceased took up residency outside the Parish Council’s area within the last 6 months or has moved straight into a Nursing Home outside the area from an address within the Parish Council’s area, then please also give former address as this affects fees.)	
Type of Service	Direct to Grave YES / NO Graveside YES / NO
Name of Person Officiating	
Religion of Deceased if appropriate	
Grave Number/Type Traditional/Lawn/Cremated Remains	
SIZE – please specify the following Please give an accurate coffin lid size so we can make the necessary adjustment for grave size.	Coffin / Casket / Cremation Casket Outside measurement – length _____ Outside measurement – width _____ Outside measurement – depth _____ (include allowances for handles)
Depth of Grave required (Please note that although best endeavours will be made to ensure that the requested depth is achieved, this may not be possible due to coffin/casket sizes and/or ground conditions.)	
Special Interest – Please indicate whether horse drawn / bugler / bagpipes etc. that might impact on others in the cemetery.	

APPROVED by Burial Authority
Signed

DATE

Please turn over

Please return completed form to: **The Clerk, Clipstone Parish Council, The Village Hall, Church Road, Clipstone Village, Mansfield, NG21 9DF** or return a scanned signed copy to:
cemetery@clipstoneparishcouncil.org

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TO BE COMPLETED BY THE GRAVE OWNER

I hereby certify that the above/overleaf details are correct, and I have received a copy of the Rules & Regulations of the cemetery, and I will comply with them. I hereby confirm that I approve the interment as specified overleaf and any works required such as removal of existing memorials before interment.

Signature of Grave Owner _____

Full Name of Grave Owner _____

Address

When you arrange for the interment of a body or cremated remains, the information you give us (personal information such as name, address, email address, phone number) will be processed and stored so that it is possible to contact you and to respond to your correspondence, provide information, send invoices and receipts relating to the burial plot/s. Your personal information will not be shared with any third party without your prior consent.

I agree that I have read and understand Clipstone Parish Council Privacy Notice. I agree by signing below that the Council may process my personal information for providing information and corresponding with me.

I agree that Clipstone Parish Council can keep my contact information data for an undisclosed time or until I request its removal after the termination of this contract.

I have the right to request modification on the information that you keep on record.

Name	
Date of birth if under 18	
Parental/Guardian Consent for any data processing activity	
Address	
Telephone No.	
Email Address	
Signature	
Date	

Burial No.		Plot Number:	
Deed No.		Deed returned	
Invoice No.		Amount	

PLOT: