



🏠 **Melbourn Parish Council**
Melbourn Community Hub
30 High Street
Melbourn
SG8 6DZ

👤 **Abi Williams, Clerk**
👤 **Alex Coxall, Deputy Clerk**
✉ parishclerk@melbournparishcouncil.gov.uk
☎ 01763 263303, ext 3
🌐 melbournparishcouncil.gov.uk

FORM 5

Notice of Interment

This Notice, fully completed must be received by the Council at least 3 working days in advance of the interment by either email or post.

If this is not received within 2 working days of the interment, a £50 late notice charge will be incurred.

It is the responsibility of the Undertaker to ensure that all the required details are correct and the form is signed. The Council will not accept any responsibility for loss or delay of any notice. Any alternation in arrangements will be subject to consent from the Council.

The date and time of an intended interment should be confirmed as available with the Clerk before it is confirmed with the family.

All funerals will be at the time arranged. All unexpected delays of more than 15 minutes must be reported to the Parish Council.

All interments will now be invoiced by Melbourn Parish Council. Please note all interment fees for persons not resident in the Parish of Melbourn will be charged at up to eight times (in accordance with our burial charges).

The Parish Council office opening hours are as stated below. Saturday burials are available prior to 12 noon.

Applications for Mondays should be received by the Clerk by the previous Wednesday.

The removal of memorials must be carried out at least 48 hours before the burial can take place.

No burial can take place without the appropriate certificate of disposal issued by the Registrar being presented at the time of the interment.

The particulars must be completed in BLOCK CAPITALS and in ink and be fully and accurately stated.

I hereby give notice that a grave / cremated remains plot is required at Orchard Road / New Road Cemetery and the details are as follows:-

Full name of deceased			
Occupation			
Age		Date of death	
Residence of deceased			
Place of death			
Is it a coffin, casket for , or cremated remains <u>or scattering of ashes</u> ?			
Dimension of coffin or casket (in inches)	Length	Width	Depth
Dimension of ashes casket (in inches)	Length	Width	Depth
Grave type:	New, single, double or re-open (delete as appropriate)	Cremated remains:	New, or re-open <u>or scattering of ashes</u> (delete as appropriate)
Depth of Grave: (single – 5ft, double – 7ft)			
Date and time of funeral		Religious denomination	
Name of officiating Minister		Service to be held at	
Grave number: To be completed by the Parish Clerk		Was deceased a resident of Melbourn?	Yes/No
If a resident of Melbourn, please state Please see notes*	From:	To:	
Attendees:	None	Family	Minister

Please complete Section A (new grave/new ashes) or Section B (re-opening/re-open ashes)

Section A: New grave only

I would like to purchase the Exclusive Rights of burial:

Full name _____ Title _____

Home address _____

_____ Post Code _____

Email _____ Tel number _____

Relationship to the deceased _____

Signature _____

Print name _____

Section B: Previously purchased to be opened

To be completed by the grave grant owner or their next of kin where the deceased is the grave owner

Please open grave number _____ at _____

For the interment of _____

I am the registered owner of the grave/next of kin/executor of the owner [delete]

If none of the above, please state your relationship to the deceased grave owner _____

Full name _____ Title _____

Home address _____

_____ Post Code _____

Email _____ Tel number _____

Signature _____

Print name _____

NB: Melbourn Parish Council can only authorise the opening of a purchased grave with the permission of the owner or to inter the owner. In all other cases ownership must be transferred to someone who can legally prove that they are entitled to receive these ownership rights. Whilst the Council will offer all assistance in establishing the means of transfer, responsibility remains with the funeral arranger to have clarified this matter before booking.

Details of Funeral Director / Arranger:	
Name	_____
Address	_____ _____
Telephone number	_____
Date	_____
Signature	_____

[This form must be delivered to the Clerk at the address shown above. All alterations must be confirmed in writing]