



Interment Application Form

Please complete all applicable fields clearly. Mark each Yes or No option and enter "Not applicable" where a field does not apply.

This application must reach Moretonhampstead Parish Council no later than noon, three working days before the burial. Submit it to clerk@moretonhampstead-pc.gov.uk or Green Hill, Fore Street, Moretonhampstead, TQ13 8NL.

Personal Details of the Deceased		
Surname:		
Christian Names:		
Permanent Address:		
Parishioner:	Yes:	No:
Age:		
Date of Death:		
Place of Death:		

Service & Interment Information			
Date & Day of Service:			
Service Time:			
Interment Time:			
Officiating Minister / Celebrant:			
Funeral Director:			
Funeral Director Contact:			
Is this a reopening of an existing grave?	Yes:	No:	
Plot Number (if known):			
Type of Interment:			
Burial Plot:	Single Depth:	Double Depth:	
Ashes Plot:	Single Depth:	Double Depth:	
Coffin/Casket/Ashes Container Size	L:	W:	D:
Coffin Material:			

Exclusive Right of Burial (EROB)		
Do you currently hold the Exclusive Right of Burial (EROB) for this plot?	Yes:	No:
Grant Number (if applicable):		
EROB owner understands they must notify the council of any change of address:	Yes:	No:

Applicant Details (Plot Owner / Person Responsible)	
Name:	
Address:	
Telephone:	
Email:	
Relationship to the Deceased:	

Signature:		
Date:		
EROB owner understands they must notify the council of any change of address:	Yes:	No:

Memorials & Future Works		
Do you intend to install a memorial?	Yes:	No:
Stonemason (if known):		

GDPR & Declarations

Data Protection: Information provided will be used solely for cemetery administration and statutory record keeping.

Applicant Declaration: I confirm that the information provided is accurate and that I am authorised to request this interment. I also confirm that I have read and understood the cemetery regulations including my responsibilities for memorial safety and maintenance.

I consent to the processing of my data for cemetery administration.

Applicant Signature:

Date:

Funeral Director Declaration: I confirm that all statutory requirements and cemetery regulations have been met.

Funeral Director Signature:

Date: