



## Application for Interment

Grave section / number: \_\_\_\_\_

Please return this form to the crematorium office by 9am  
two working days before the burial, or four working days for a brick vault

Deceased's details:		
Name of deceased (in full):		
Address of deceased:		Postcode:
Date of death:	Age:	Marital status:
Place of death if not as above:		
Funeral Director:		

Interment details:	
Cemetery:	
Day & date of Interment:	Time at graveside:
1. Full service at graveside <input type="checkbox"/> Yes <input type="checkbox"/> No	
Committal only at graveside <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, at which church and at what time will the service be held:	
Church: _____	Time: _____
2. Name of Officiant:	
3. Which section of the cemetery:	
<input type="checkbox"/> Lawns	<input type="checkbox"/> Catholic (where offered)
<input type="checkbox"/> Cremated remains (also complete section A)	<input type="checkbox"/> Children's
	<input type="checkbox"/> Other (please state): _____
4. Grave type:	
<input type="checkbox"/> Earthen grave	<input type="checkbox"/> Brick vault
	<input type="checkbox"/> Cremated remains
5. Grave depth (tick all that apply):	
<input type="checkbox"/> Double	<input type="checkbox"/> Single
<input type="checkbox"/> Cremated remains	<input type="checkbox"/> Re-open
	<input type="checkbox"/> Childrens/NVF*
	*Delete as appropriate
6. Shape of coffin:	Cremated remains:
<input type="checkbox"/> Coffin	<input type="checkbox"/> Cremated remains casket
<input type="checkbox"/> American casket	<input type="checkbox"/> Cremated remains urn
<input type="checkbox"/> Casket	
7. Exact size of coffin or casket (including handles):	
Length: _____ (feet) _____ (inches) Shoulder/Widest: _____ (feet) _____ (inches)	
8. For full body burials, number of Webbing required:	
<input type="checkbox"/> 2 Webbing	<input type="checkbox"/> 3 Webbing

## SECTION A - To be completed for burial of Cremated Remains plus section B or C

The signature of the applicant for the cremation is required to authorise the interment

**Where cremation took place:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of applicant for cremation:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Please print name:** \_\_\_\_\_

## SECTION B - To be completed for a new grave

Single/joint ownership (\* please delete which)

**I/We\* wish to purchase the Exclusive Right of Burial of 99 years**

Please complete name and address of applicant(s) / purchaser(s) in full.

Please note 'ownership' refers to the Exclusive Right of Burial. This means you can decide which deceased goes into the grave and who can also apply to have a headstone on the grave, It is not the ownership of the land.

### APPLICANT 1

**Title:** \_\_\_\_\_  
**Full name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

### APPLICANT 2

**Title:** \_\_\_\_\_  
**Full name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

## SECTION C - To be completed for re-opening an existing grave

The opening of this grave by the registered grave owner does not require any change of ownership.

The opening of this grave for the interment of the registered grave owner does not require any change of ownership before the burial takes place.

\*\* In the event of further re-openings of the grave, and for a new or updating of a memorial, a formal transfer of ownership will be required. Details about the transfer process are available from Mintlyn.

### Previous interments (names/dates) if known:

<b>Full name of grave owner/applicant:</b>	<b>Full name of grave owner/applicant:</b>
<b>Address:</b>	<b>Address:</b>
<b>Postcode:</b>	<b>Postcode:</b>
<b>Signature:</b> _____ <b>Date:</b> _____	<b>Signature:</b> _____ <b>Date:</b> _____
<b>Email:</b>	<b>Email:</b>
<b>Telephone:</b>	<b>Telephone:</b>

<p><b>Are you:</b></p> <p>Next of Kin <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Executor <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If neither, please state relationship/ capacity for signing:</p> <p>_____</p> <p>_____</p>	<p><b>Are you:</b></p> <p>Next of Kin <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Executor <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If neither, please state relationship/ capacity for signing:</p> <p>_____</p> <p>_____</p>
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## GDPR STATEMENT

The Borough Council of Kings Lynn & West Norfolk has a duty to process and store your personal information safely and securely in line with data protection legislation, which here means the General Data Protection Regulations (Regulation (EC) 2016/679 which is in force from 25 May 2018) (GDPR) and any national implementing laws, regulations and secondary legislation, as amended or updated from time to time, in the UK and then any successor legislation to the GDPR. You may see copies of the data held about you and ask for it to be corrected or deleted. You can find more information about Data Protection and the Council's Data Protection Officer, on our website. See <https://www.west-norfolk.gov.uk/dataprotection>