For office use only		
	Date	Initials
Grave grant sent to family (new grave)		
Grave grant returned to family (re-open grave)		
Letter to applicant to transfer ERB		
Nothing to send to family		

Payment Details	Fee payable	
ERB		
Interment fee		
Other		
Total	£	
Paid/Invoiced	Date	Receipt No.

# **Chesterfield Borough Council Bereavement Services**



Chesterfield and District Crematorium Chesterfield Road Brimington Chesterfield S43 1AU

Telephone: 01246 345888

Email: bereavement.services@chesterfield.gov.uk

## **Notice of Interment**

This form must be carefully and accurately completed and delivered to the Bereavement Services office **NO LATER THAN 3 DAYS** before the interment is due to take place (excluding Saturdays, Sundays and public holidays).

Chesterfield Borough Council will not be responsible for any misunderstanding with regard to orders or instructions given by telephone unless immediately confirmed in writing.

A table of fees and charges is available from the Bereavement Services office.

Interment request for	Cemetery
Name of Funeral Director:	
Signature of Funeral Director or person responsible for completing this form:	

Please read the form carefully and ensure all information is correct before signing.

### **Details of Deceased**

Name in full: Mr/Mrs/Miss/Ms	
Address	
Resident (Yes / No)	
Occupation	
Age	
Sex	
Marital status	
Date of death	
Place of death	

### **Details of Interment**

Date of Interment	
Time of Interment	
Type of Interment	Full Burial / CR Burial / Strewing of CRs
Will FD be present?	Yes / No

### **Details of Service**

Denomination	
Name of Minister	
Type of service	Graveside / Church

## **Details of Existing Grave**

Section	
Grave Number	
Deed No.	
(Deed must be submitted)	
Name of Registered Owner	
Address	
Is there a memorial?	Yes / No
Which mason will be moving it?	
Signature of Registered Owner	
(where no change of ownership)	
Please note, if the owner has previously died, the ownership must be legally transferred prior to the interment taking place.	

## **Details of Proposed Grave Owner** (for transfer in the case of the registered owner being deceased)

Name in full: Mr/Mrs/Miss/Ms	
Address	
Tel No.	
Email	
Relationship to Deceased	
Signature of Proposed Owner	

## **Details of New Grave Required**

Please note: All graves are leased for 50 years. All new graves are dug to maximum depth possible. Further information is available from the Bereavement Services Office.			
Please indicate type of grave required			
Grave type	Lawn / Open / Cremate	ed Remains / E	Baby
Denomination			
Grave Number		Section	

#### **Details of Coffin**

Please circle	Coffin / Casket / CR Casket
Outside dimensions – including handles	Length (feet & inches)
	Width (inches)
Is an extra lowering strap required?	Yes / No

## **Details of Grave Owner (for a new grave)**

Name in full: Mr/Mrs/Miss/Ms		
Address		
Tel No.		
Email		
Relationship to Deceased		
I hereby agree to abide by the cemeteries rules and regulations. I understand that if I wish to erect a memorial on the above grave space, the work must be carried out by an experienced mason who is on Chesterfield Borough Council's Approved List of Memorial Masons, and that I will be wholly responsible for its maintenance and safety. I hereby authorise Chesterfield		
Borough Council to remove the stone should they deem it to have become unsafe or		
dilapidated. I confirm that I am	aged 18 or over.	
Signature		