

BURTON-UPON-STATHER PARISH COUNCIL  
**INTERMENT FORM**

This, and other relevant forms, should be fully completed and returned, with full payment, at least 2 working days before the burial, to:

Mrs C E Brent (Parish Clerk),  
Burton upon Stather Parish Council  
The Parish Office  
High Street  
Burton upon Stather  
North Lincs,  
DN15 9DE  
Tel: 01724 489981 Mobile : 07982265914 E-mail: clerk.buspc@hotmail.co.uk

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**DETAILS OF INTERMENT** (the date & time must have been previously agreed, & arranged, with the Burial Clerk)

Date of interment ..... Time of interment .....

Name & Title of the person who will be conducting the funeral service .....

Religion / Faith / Belief (if any) of the person conducting the funeral service .....

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Funeral Director ..... Tel: .....

Address .....

Date this form was completed .....

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**DETAILS OF DECEASED**

Title ..... Surname ..... First name(s) .....

Address .....

..... Post Code .....

Date of Birth ..... Date of Death ..... Age .....

Place where death occurred .....

Occupation .....

If 'Retired', please state previous occupation .....

If a 'minor', please state parent's occupation .....

**DETAILS OF APPLICANT** [this should not be the Funeral Director / Undertaker]

Title ..... First Name(s) ..... Surname .....  
Address .....  
.....Post Code .....  
Relationship to the Deceased .....  
Signature of the applicant ..... Date signed .....

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**GRAVE PLOT REQUIREMENTS** - please indicate which by putting a ring around one YES and deleting the other answers [Please note: if the Exclusive Right of Burial for the grave is to be purchased, a separate form for this is required as well – this is not available for the ‘Green’ burial area]

‘Lawned’ \* grave area: YES / NO

‘Green’ \* burial area: YES / NO

Cremated Remains \* burial area: YES / NO

Children’s Section: YES / NO

\* please check the regulations for what is permitted.

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**COFFIN [or otherwise] DETAILS** - please indicate which by putting a ring around one option:

**COFFIN / CASKET / SHROUD / CREMATION CASKET / ‘POLYURN’ / METAL URN**

Length (in inches) ..... Shoulders (in inches) ..... Type of handles .....

Material(s) used to construct the coffin (or otherwise) .....

Signature of Funeral Director ..... Date .....

Name of person signing (in capitals) .....

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**FOR OFFICE USE ONLY**

Grave Number ..... Resident of Parish .....

Disposal Form received ..... Issuing Registration District .....

Date returned to Registrar of Births & Deaths .....

Marked on grave plan ..... Date Grave Deed issued ..... Amount Paid £ .....

Memorial Applied For ..... Fee Paid £ ..... Date .....

Name & address of Stone Mason .....

Dimensions of Memorial .....

Type & Material of Memorial .....

Please complete both sides of this form