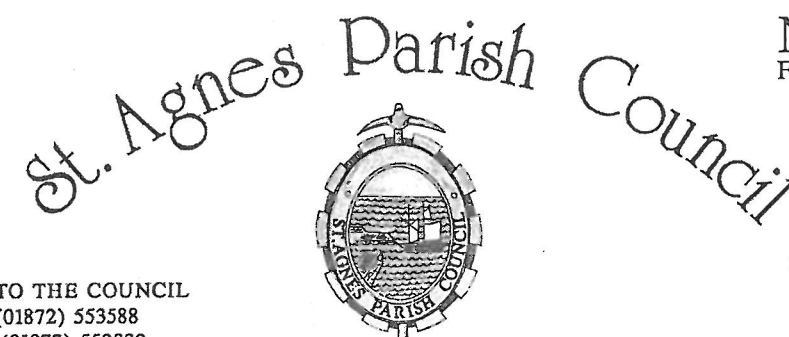


Check List.

- ☐ Pink/Yellow interment slip completed and sent to Sexton.
- ☐ Pink/Yellow interment slip received back duly completed by Sexton.
- ☐ Certificate for burial or cremation received.
- ☐ Bottom section of certificate for burial/cremation to be returned to Register Office.
- ☐ Payment received.
- ☐ Receipt issued.
- ☐ Entry made into Register of Burials book.
- ☐ Entry made into Computer records.
- ☐ Entry made onto Map for appropriate Cemetery.



Mrs. A. TIPPETT
BURIAL CLERK TO THE COUNCIL
TEL : ST AGNES (01872) 553588
FAX : ST. AGNES (01872) 553032

No:- _____
For Office use only

PARISH ROOMS,
17 VICARAGE ROAD,
ST. AGNES,
CORNWALL,
TR5 0TL

The Parish Office is open Monday - Friday : 9.00 am - 12 noon

St. Agnes Parish Council Burial Authority

NOTICE OF INTERMENT

For the following Cemeteries

Stile Field Cemetery, St. Agnes.
Short Cross Cemetery, Mount Hawke.

Administration Office

The Administration Office is open to the public from
9.00 a.m. until 12 noon Monday to Friday
(Except Bank Holidays)

**This form must be carefully and accurately
completed and lodged at the Administration Office
NOT LATER THAN 12 NOON 2 WORKING DAYS
PRIOR TO THE INTERMENT**

Fee for insufficient notice of interment £50.00

Please ensure to complete in black ink and blocked capitals.

Please note you are advised to be fully aware of the current regulations and to visit the cemetery.

Unless by Grant of Exclusive right of Burial it is not possible to select the exact position of a grave, these are issued in strict rotation. Please tick and sign the appropriate box to indicate the type of grave selected and the lease period required.

I agree to abide by the cemetery regulations.

Description of grave	Lease Period	Please sign against choice
	50 or 99 years	
New Lawn	<input type="checkbox"/>	<input type="checkbox"/>
New Cremation Plot	<input type="checkbox"/>	<input type="checkbox"/>
Re-open	<input type="checkbox"/>	please provide details on next page

New Grave

For all new graves full details must be supplied of at least two persons who will be registered as the grave owner to be responsible for the grave.

(In the case of a double grave someone other than the spouse must be named.)

Owner 1
Mr/Mrs/Miss/Ms _____ Signature _____
Surname _____ First Names _____
Address _____
Post Code _____ Telephone No:- _____

Owner 2
Mr/Mrs/Miss/Ms _____ Signature _____
Surname _____ First Names _____
Address _____
Post Code _____ Telephone No:- _____

Owner 3
Mr/Mrs/Miss/Ms _____ Signature _____
Surname _____ First Names _____
Address _____
Post Code _____ Telephone No:- _____

Details of Deceased

Name in full of deceased:- _____
Full address of deceased:- _____
_____ Post Code _____
If a minor full name of parents:- _____
Age last birthday:- _____ Date of Death _____ Sex M/F Occupation* _____
*If retired please state from which profession

Details of grave

Cemetery _____ Section* _____ Grave No* _____ Depth _____
(* to be completed by Burial Clerk) (single/double/triple)
Parish from which body is removed:- _____
District in which Death is registered:- _____
Date of Interment:- _____ Approximate time of arrival at Cemetery:- _____
Name of Minister:- _____ Burial or Cremation:- _____

Re-opening of Existing Grave

Please ensure that the Authority to Re-open below is completed and signed.

Name of Person/s already interred _____
If known:- Date of last interment _____ Cemetery _____ Area _____

Authority to re-open existing grave.

This section to be completed by the Registered Owner/s (In block capitals)

I hereby consent to the interment of the deceased on this Notice of Interment and to abide by cemetery regulations.

Owner 1
Mr/Mrs/Miss/Ms _____ Signature _____
Surname _____ First Names _____
Address _____
Post Code _____ Telephone No:- _____
Owner 2
Mr/Mrs/Miss/Ms _____ Signature _____
Surname _____ First Names _____
Address _____
Post Code _____ Telephone No:- _____

Declaration by Funeral Director.

I declare that in accordance with the Local Authority Cemeteries Order 1977, I have been engaged by the representatives of the above to make the necessary arrangements for the burial of the deceased.

I confirm that in accordance with the Local Authority Cemeteries Order 1977, and regulations made there under, I have obtained the consent of the owner of the grave for the burial of the named deceased there in.

I undertake to indemnify St. Agnes Parish Council in respect of any claims and demands made by any persons in respect of such burial.

Signature _____ Date _____
Signature of Funeral Director responsible for the accuracy of information given on this form.
Representing:- Name of Company _____
Address _____
Post Code _____ Telephone No:- _____