Langtoft Cemetery Interment Application

This application form is to be used for the interment of a grave or cremated remains in Langtoft Cemetery. Information about the deceased to be interred can be found from the Death Certificate/Cremation Certificate. Please refer to the Cemetery Fees.

About the Deceased	
Name :	
Address: Postcode	
Occupation	
Age at date of death	
Address where the death occurred Postcode	
Date of death	
Date & Place of Funeral Name of Minister	

About the Interment

A grave digger is required for all interments
Please contact the Parish Clerk for suggested local contractors. The costs of the grave digger's services are to be met by the Purchaser completing this form.

This Interment is for: please tick which applies

Grave burial	☐
Ashes in the Memorial Garden	☐
Ashes into an existing Grave	☐
Ashes into an existing Memorial Garden plot	☐

Has an existing Grave/Memorial Garden plot been pre-purchased? YES NO (please circle)

If **YES**, state the Exclusive Rights of Burial (ERoB) certificate number and date:

If **NO**, you will require to purchase an ERoB

ERoB Purchase Details:

Name of Purchaser:	
Address of purchaser Postcode	
Relationship of purchaser to the deceased	
**Does purchaser have sole authority for these arrangements ** This is a statutory Requirement The relationship with the deceased needs to be proved by inheritance or through a valid Will, Probate or Grant of Letters of Administration. Failing this the order of family precedence will follow the-order of succession within the rules of intestacy.	YES NO (please circle) If No, who else has authority? Signature:

Please note if you are interring Ashes, you do not have to have a Funeral Director	
Name of Funeral Directors (If used)	
Address of Funeral Directors Postcode	
Telephone Number of Funeral Directors	

On completion of this form please send to: E: clerk@langtoftparishcouncil.gov.uk
Please see Cemetery Fees for current costs Payment Details: Payee: Langtoft Parish Council Sort Code: 60-83-01 Account Number: 20322470 Description: Please state the name of purchase in the bacs details

Official Use:	
Grave Number Section Burial or Memorial Payment Received:	