



**BURGHFIELD PARISH COUNCIL**  
 P.O. BOX 7381  
 READING  
 BERKS  
 RG1 9XP  
 Tel: 0118 983 1748  
 Email: [enquiries@burghfieldparishcouncil.gov.uk](mailto:enquiries@burghfieldparishcouncil.gov.uk)

## NOTICE OF INTERMENT IN BURGHFIELD BURIAL GROUND

Full name of the Deceased \_\_\_\_\_

Occupation (if under 18 years of age  
 Name and address of parents) \_\_\_\_\_

Age last birthday \_\_\_\_\_ DOB \_\_\_\_\_

Late Residence \_\_\_\_\_  
 \_\_\_\_\_ (Since (date)) \_\_\_\_\_

If not within Burghfield Parish; state date moved away from Burghfield: \_\_\_\_\_ and

Last Burghfield address: \_\_\_\_\_

Place of death \_\_\_\_\_

Day and Date of Funeral \_\_\_\_\_

Time the funeral will arrive at Cemetery \_\_\_\_\_

Officiating Minister \_\_\_\_\_

Denomination \_\_\_\_\_

If Grave already Purchased, state Section \_\_\_\_\_ Number \_\_\_\_\_  
 and Number of Grave, Number of Grant  
 and Date Purchased Grant Number \_\_\_\_\_ Date \_\_\_\_\_

If New Grave required, state  
 Whether double or single depth required \_\_\_\_\_

Maximum overall Dimensions of  
 Coffin/Casket Length \_\_\_\_\_ ft \_\_\_\_\_ in Width \_\_\_\_\_ ft \_\_\_\_\_ in

Please state whether coffin or cremains \_\_\_\_\_

### FOR CEMETERY USE ONLY

Date cheque received: \_\_\_\_\_

Invoice No: \_\_\_\_\_

Deed granted \_\_\_\_\_ meeting \_\_\_\_\_

Deed of Grant No: \_\_\_\_\_

Date Deed sent: \_\_\_\_\_

Grave No. ....

Interment Fee: \_\_\_\_\_

Exclusive Right: \_\_\_\_\_

TOTAL \_\_\_\_\_

**APPLICATION TO PURCHASE EXCLUSIVE RIGHT OF BURIAL  
IN A PRIVATE GRAVE**

I DESIRE to purchase the exclusive right of burial in the grave in which the afore-named deceased is to be interred, and the following is my full name and address:

Full Name \_\_\_\_\_(block letters) \*Mr / Mrs / Ms

Address \_\_\_\_\_

\_\_\_\_\_ (Postcode) \_\_\_\_\_

Contact Telephone number \_\_\_\_\_

**I understand that kerbs and surrounds will not be permitted.**

**Vases – one headstone is allowed with up to three vases placed horizontally adjacent to the headstone not extending out onto the grave space further than 8 inches. Integral vases are permitted**

Signature \_\_\_\_\_

Relationship to the deceased \_\_\_\_\_

**APPLICATION FOR EXISTING PRIVATE GRAVE TO BE REOPENED**

I HEREBY give authority for Grave Number \_\_\_\_\_ Section \_\_\_\_\_ to be reopened for the Interment of the above named deceased, **AND PRODUCE HEREWITH THE GRANT OF RIGHT OF BURIAL**

I DECLARE that I am the person authorised to give this instruction, and I will indemnify Burghfield Parish Council against all claims etc, which may be suffered in consequence.

Full Name \_\_\_\_\_(block letters) \*Mr / Mrs / Ms

Address \_\_\_\_\_

\_\_\_\_\_ (postcode) \_\_\_\_\_

Contact telephone number \_\_\_\_\_

Signature \_\_\_\_\_

\*Registered Owner / Executor of Registered Owner / Next-of-Kin of Registered Owner

\*please delete whichever is inapplicable

Relationship to the Deceased \_\_\_\_\_

**FUNERAL DIRECTOR** \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_