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| DEREHAM TOWN COUNCIL |

Assembly Rooms, Quebec Street, Dereham, Norfolk, NR19 2DJ

Telephone: 01362 693821

E-mail: generalenquiries@derehamtowncouncil.org

**Interment Information Sheet**

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| --- | --- |
| **Name of Deceased** |  |
| **Age** |  | **Occupation** |  |
| **Residence at Time of Death** |  |
| **Place of Death** *(If different to above)* |  |
| **Date of Death** |  |

|  |  |
| --- | --- |
| **Cemetery** *(please tick)* | Cemetery Road**[ ]** Norwich Road**[ ]**  |
| **Date of Funeral** |  |
| **Time at Chapel** *(if using)* |  | **Time at Cemetery** |  | **Please note we cannot accept burials after 3pm** **(2pm in winter)** |
| **Funeral Directors** |  |
| **Mode of Interment** | New Single/Double/Ashes | **Plot Reference:** |
| Re-opener of:  |
| **Funeral Service By** |  |
| **Number of Bearers** |  |

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| **Coffin Size/Hole Size** *(please delete as appropriate)* |
| **Length** | ft ins | **Width** | ft ins | **Depth** | ft ins |
| **Headstone** | Yes/No | **To Be Removed** | Yes/No |
| **Type of Temporary Marker** | Wooden/Metal Cross/Other:…...……………………… |
| **Exclusive Rights of Burial** | Existing/New |

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| --- |
| **Next of Kin/Person Arranging Burial** *(This will be the contact Dereham Town Council will use after the burial to send the Rules & Regulations to)* |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Relationship to Deceased** |  |

 **For Office Use Only**



 Approved [ ]  Burial No. ……………………….……

 Digger Booked [ ]  Fee Payable: ……………………….……