

Cemeteries, Place Clienting
Wokingham Borough Council
Shute End
Wokingham, RG40 1BN
Tel: 0118 974 6000
Email: cemeteryadmin@wokingham.gov.uk



WOKINGHAM
BOROUGH COUNCIL

FOR OFFICE USE ONLY

Please sign the form when completed

Cemetery:

Grave No:

Invoice No:

Completed:

Notice of Burial

This form must be completed in a legible manner and delivered to Cemeteries, Place Clienting no later than two working days prior to burial. Please print and obtain signatures before returning.

Section 1. Details of Deceased

Full name of deceased

(Mr/Mrs/Miss/Ms) First Name(s)

Surname

Full address

Postcode

Place of Death

Date of Death

Age of deceased

Interment of: Body ☐ Cremated remains ☐

Section 2. Details of Applicant

Full name of applicant (Mr/Mrs/Miss/Ms)

First Name(s)

Surname

Full address

Postcode

Telephone

Email

The personal details of the applicant will only be used for the purpose of Cemeteries record keeping. This information will not be shared with third parties outside of Place Clienting.

- I have read the guidance notes on graves and memorials and hereby agree to be bound by them
- I hereby apply for an interment as detailed below.

Signature

Relationship to deceased:

Section 3. Service Details

Service to be held at:

Day

Date

Time at Cemetery

Section 4. Details of grave

Please read the attached guidance notes on graves and memorials before completing.

Type of grave:

(Please tick all that apply)

Adult

☐

New Purchased

See 4a below

☐

Re-open/Reserved

See 4b below

☐

Unpurchased

☐

Child

☐

Muslim

☐

Cremation

☐

Cemetery

Grave Number

Existing memorial

Grave Depth: (Single/Double/Triple)

Name of Minister/Celebrant

Name of Grave Digging Company & Grave Digger Contact Number

4a. New purchased grave

This information will be recorded in Statutory Registers and used to produce a legally binding Deed of Grant for Exclusive Rights of Burial.

Is the Deed to be issued in the name of the applicant: YES ☐ NO ☐ Length of Deed

Years

If no please complete the following details of who will be the registered owner.

Full name (Mr/Mrs/Miss/Ms)

First Name(s)

Surname

Full address

Postcode

4b. Re-opened or reserved grave

Except in the case where the owner is the deceased, the person(s) registered as the owner of the Deed of Grant **MUST SIGN** the following declaration before an interment can take place. The original Deed of Grant **MUST BE** provided with this form, or if this is not possible please contact Cemeteries, Place Clienting for further advice.

I, the undersigned, am the owner(s) of the Deed for the grave listed in section 4 of this application form and hereby agree to the burial of the above-mentioned deceased in this grave.

Name of Owner(s): Please print.

Signature of Owner(s):

Full address

Postcode

Section 5. Details of Funeral Director/Other Organisations (Delete as appropriate)

Name

Telephone

Address

I understand that Payment of all fees due to the council for the provision of this service is my responsibility as the Funeral Director Applicant / Other organisation.

Signature

Print name