

DORCHESTER TOWN COUNCIL

Council Offices, 19 North Square, Dorchester, Dorset, DT1 1JF Telephone: (01305) 266861

Adrian Stuart, Town Clerk e-mail: j.hollings@dorchester-tc.gov.uk

NOTICE OF INTERMENT DORCHESTER CEMETERY

THIS NOTICE is to be delivered to the Town Clerk at the Council Offices, between the hours of 8.30am and 4.30pm at **LEAST** three days (excluding Saturdays, Sundays and Bank Holiday) **prior to any interment** Notices of Interment cannot be accepted on Saturdays, Sundays and Bank Holidays

| <u>interment</u> . Notices of Inte | erment cannot be | accepted on Saturdays, Su | undays and Bank Holidays. | | | |
|---|------------------|---------------------------|-----------------------------------|--|--|--|
| FULL NAME OF PERSON | | | | | | |
| TO BE INTERRED: | | | | | | |
| AGE OF DECEASED: | | | | | | |
| PERMANENT ADDRESS | | | | | | |
| OF DECEASED AT DATE | | | | | | |
| OF DEATH: | /Facential\ DOST | CODE. | | | | |
| Non residents fee doub | (Essential) POST | | orchester DT1 area or Winterborne | | | |
| | | _ | | | | |
| Herringston within the previous ten years or previously a resident in the area for at least twenty five years. Proof may be required. | | | | | | |
| PLACE WHERE DEATH | | | | | | |
| OCCURRED: | | | | | | |
| DATE OF DEATH: | | | | | | |
| DESCRIPTION (as to | | | | | | |
| Profession, etc.) | | | | | | |
| | | | | | | |
| DAY & DATE OF BURIAL: | | | | | | |
| TIME AT WHICH THE | | | | | | |
| FUNERAL WILL ARRIVE: | | | | | | |
| FUNERAL DIRECTOR | | | | | | |
| NAME & TEL. NO. | | | | | | |
| NAME OF THE MINISTER | | | | | | |
| WHO WILL OFFICIATE: | | | | | | |
| IS THE CHAPEL REQUIRED? | YES 🗆 | NO | 0 🗆 | | | |
| NUMBER OF GRAVE | 123 | | | | | |
| SPACE: | | | | | | |
| | <u>l</u> | | | | | |
| TYPE OF PLOT: PROPOSED DEPTH OF GRAVE: | | | | | | |
| (Burial/Re-open/ Ashes/ SOA) | | | | | | |
| EXACT SIZE OF COFFIN/CASKET: | | | | | | |
| | | | | | | |

| HAS THE EXCLUSIVE RIGHT OF BU | BE? | YES | NO | | | | |
|---|--|---------|--------------|-------|--|--|--|
| IMPORTANT – If the Exclusive Right of Burial has already been purchased the present owner of the Right MUST complete the Authority below. (This form will be returned if not fully completed). | | | | | | | |
| Signature of Applicant: | | | | | | | |
| Address: | | | | | | | |
| Postcode: | Date: | | | | | | |
| AUTHORITY TO REOPEN PURCHASED GRAVE | | | | | | | |
| I, | of | | | | | | |
| hereby authorise the opening of Grave No. | | | | | | | |
| in the Dorchester Cemetery for th | e interment of the late | | | | | | |
| | | | | | | | |
| Signed | Date | | | | | | |
| Capacity (see note) | | | | | | | |
| NOTE: This Authority must be signed by the Purchaser of the Right of Burial in all cases where the Purchaser is still alive. If the Purchaser is deceased the Authority can be signed by the person entitled to the Right of Burial, or the Executor of the Purchaser of the Right of Burial, or a close relative of the Purchaser of the Right of Burial. (In this latter case the relationship to the Purchaser must be stated.) | | | | | | | |
| FEE PAYABLE TO DORCHESTER TO | WN COUNCIL: £ | Enclose | d? YES/NO | | | | |
| OFFICE USE ONLY: | Fee Enclosed: YES/NO | CHEQUE | : NO· | | | | |
| OTTICE OSE ONET. | rec Enclosed. TES/NO | | VIA BACS: YI | ES/NO | | | |
| E.R.B. FEE: | INTERMENT FEE: | CHAPEL | FEE: | | | | |
| Has the present owner completed the Authority? (If applicable) YES/NO | | | | | | | |
| Computer Updated: | Ipdated: Is this a new plot/re-open/etc. | | | | | | |
| Outdoor Services Manager/Cemetery Attendant/Office Informed: Date: | | | | | | | |

GRAVE DIGGING ORDER

| NAME OF DECEASED: | | | | | | |
|---|--|--|--|--|--|--|
| CEMETERY: | | | | | | |
| DATE OF BURIAL: | | | | | | |
| TIME: | | | | | | |
| FUNERAL DIRECTOR: | | | | | | |
| | | | | | | |
| • NEW | | | | | | |
| • REOPEN | | | | | | |
| GRAVE NUMBER | | | | | | |
| • DEPTH | | | | | | |
| COFFIN/CASKET DIMENSIONS | | | | | | |
| | | | | | | |
| IF REOPEN, TYPE OF MEMORIAL PRESENT: | | | | | | |
| To be removed by Memorial Mason: | | | | | | |
| Name on Memorial: | | | | | | |
| | | | | | | |
| LOCATION CHECKED AGAINST CEMETER | | | | | | |
| LOCATION DOUBLE CHECKED BY BURIAL ADMINISTRATOR | | | | | | |
| PRE INTERMENT CHECK – LOCATION AND DEPTH | | | | | | |
| | | | | | | |
| DEPTH RECORDED AT PRE INTERMENT CHECK: | | | | | | |