SS BE SIC IN M B		ORCHESTER TOWN offices, 19 North Square, Dor Telephone: (01305) 2 Adrian Stuart, Town e-mail: j.hollings@dorchest	chester, Dorset, DT1 1JF 66861 Clerk			
	ΝΟΤΙ					
NOTICE OF INTERMENT						
POUNDBURY 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.						
FULL NAME OF PERSON			· · · ·			
TO BE INTERRED:						
AGE OF DECEASED:						
PERMANENT ADDRESS OF DECEASED AT DATE OF DEATH:	(Essential) POS	TCODE:				
Non-residents – fee doub	led. Residence is	defined as living in the Dorche	ster DT1 area or Winterborne			
Herringston within the pre	evious ten years o	or previously a resident in the a	rea for at least twenty five			
years. Proof may be requi	ired.					
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 AT WAC						
REQUIRED?	YES 🗆	NO				
NUMBER OF GRAVE						
SPACE:						
TYPE OF PLOT:		PROPOSED DEPTH OF GRAV	E:			
(Burial/Re-open/ Ashes/Green/Muslim)						
EXACT SIZE OF COFFIN/CA	SKET:					

HAS THE EXCLUSIVE RIGHT OF BU	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 PURCHA	SED	GRAVE			
1,	of					
		 g of Grav	• No			
		-				
in the Poundbury Cemetery for the interment of the lateand I hereby undertake to indemnify the						
Dorchester Town Council against any costs or damages they may hereafter sustain or be put to by reason of any claim whatsoever being made against the Dorchester Town Council as a result of the opening of the said Grave.						
Signed	Date					
Capacity	(see note)					
NOTE: <u>This Authority must be signed by the Purchaser of the Right of Burial</u> 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	ed? YES/NO			
OFFICE USE ONLY:	Fee Enclosed: YES/NO	CHEQU PAYING	e no: i via bacs: yes	5/NO		
E.R.B. FEE:	INTERMENT FEE:	CHAPEL	FEE:			
Has the present owner completed the Authority? (If applicable) YES/NO						
Computer Updated:	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 CEMETERY PLAN	
LOCATION DOUBLE CHECKED BY BURIAL ADMINISTRATOR	
PRE INTERMENT CHECK – LOCATION AND DEPTH	
DEPTH RECORDED AT PRE INTERMENT CHECK:	