



## DORCHESTER TOWN COUNCIL

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

Adrian Stuart, Town Clerk  
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### **NOTICE OF INTERMENT FORDINGTON 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) POSTCODE:

**Non-residents – fee doubled.** Residence is defined as living in the Dorchester 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 AT WAC  
REQUIRED?

YES

NO

NUMBER OF GRAVE  
SPACE:

TYPE OF PLOT:  
(Burial/Re-open/ Ashes/GOR)

PROPOSED DEPTH OF GRAVE:

EXACT SIZE OF COFFIN/CASKET:

HAS THE EXCLUSIVE RIGHT OF BURIAL BEEN PURCHASED OR WILL IT BE?	YES	NO
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**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 Fordington Cemetery for the interment of the late .....

..... and 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:** 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 TOWN COUNCIL: £ ..... Enclosed? YES/NO

<b>OFFICE USE ONLY:</b>	Fee Enclosed: YES/NO	CHEQUE NO: PAYING VIA BACS: YES/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:
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LOCATION CHECKED AGAINST CEMETERY PLAN	
LOCATION DOUBLE CHECKED BY BURIAL ADMINISTRATOR	
PRE INTERMENT CHECK – LOCATION AND DEPTH	
DEPTH RECORDED AT PRE INTERMENT CHECK:	