

Clackmannanshire Council
 Land Services & Burial Grounds
 Kelliebank
 Kelliebank Ind. Est.,
 Alloa, FK10 1NT
 Tel 01259 450000
 Email: landserv@clacks.gov.uk



**Clackmannanshire
 Council**

www.clacks.gov.uk

Comhairle Siorrachd
 Chlach Mhanann

APPLICATION FOR INTERMENT

This Application is confirmation of preliminary telephone arrangements and must be sent to Sunnyside Cemetery Office to arrive **at least 72 hours** prior to the interment. The prompt delivery of this form will assist in the smooth running of the service. **PLEASE ENCLOSE THE CERTIFICATE OF RIGHT OF BURIAL** except where a new lair is requested.

- N.B.**
- All interments must be authorised by Clackmannanshire Council prior to the funeral arrangements being publicly announced
 - Part A & B must be completed fully in all instances
 - Upon the death of the Lair Owner, PART D must be completed at the time of application
 - Where the Lair Certificate cannot be produced, PART C & D must be completed

PART A: APPLICATION FOR INTERMENT

1. Day and Date of Interment _____
2. Time of Arrival: _____ am/pm at _____ Cemetery
3. Full Name of Deceased _____
4. Address: _____ Postcode: _____
5. Age: _____ Gender: _____ male/female. Date of Death: _____
6. Address where death occurred _____
7. At time of death, deceased was: Married/Single/Widowed/Divorced/With Partner
8. If married female state maiden name: _____
9. Coffin Casket Cremated Remains (Please tick) For Dimensions (See Page 4)
10. **If a New Lair**
 - (a) Section: _____ Lair No _____
 - (b) Full Name of Applicant/Owner: _____
 - (c) Address of Applicant/Owner: _____

 Post Code: _____ Tel No: _____
 - (d) Relationship to the Deceased: _____
 - (e) Signature: _____

11.

1st Open/Re-open

(a) Cemetery: _____ Section: _____ Lair No: _____

(b) Full name of Title Deed Owner: _____

(c) Address of Title Deed Owner: _____

Post Code: _____ Tel. No: _____

(d) Relationship of the Lair Owner to the deceased: _____

(e) Full name of last person buried in grave: _____

(f) Date of last burial in the grave: _____

Floral tributes

I accept that floral tributes and wreaths placed on the grave will be removed after a period of 3 weeks by the Council. Should I wish to keep any of these floral tributes, ribbons, cards and labels, I agree to remove them myself before the 3 weeks have elapsed from the date of the funeral. Any special request can be made direct to the Cemetery staff or office. And as lair holder/applicant undertake to ensure that all tributes will remain contained within the headstone border of my grave to ensure clear maintenance of the grass on the grave.

PART B CONSENT TO INTERMENT

Shall be completed by the Rightful Owner of the Certificate of Right of Burial, (or their Executor or Next-of-Kin). This Part B must be completed **whether or not the Certificate of Right of Burial can be produced.**

I (Mr/Miss/Mrs/Ms): _____ consent to the burial of
(name of deceased): _____ who is my (relationship
deceased).

In: _____ Cemetery

Section: _____ Lair No: _____ of which I am the Owner, (or the Executor or Next-of-Kin)

Certificate of Right of Burial /Lair Certificate Enclosed YES / NO

Signed: _____

Address: _____

Post Code: _____ Tel No: _____

PART C INDEMNITY FOR MISSING CERTIFICATE OR RIGHT OF BURIAL

The Rightful Owner of the Certificate of Right of Burial, (or their Executor or Next-of-Kin) shall complete this Part C if he/she cannot produce the Certificate of Right of Burial.

Where the Certificate of Right of Burial (title deeds, lair certificate) in respect of Lair No: _____ Section: _____

In _____ Cemetery is lost or otherwise misplaced and cannot be produced, and where I (name of applicant): _____

Of (address): _____

Either _____ *believe myself to be the Rightful Owner; or

(Delete as appropriate) *am the personal representative of the late: _____

Whom I believe to be the Owner of the said Right, hereby authorise the opening of the said Lair for the interment of

(Name): _____

Address: _____

And undertake to indemnify the Council being the Burial Authority, against any loss, damages or costs they may incur as a result of the interment of the above-named deceased person.

Signed: _____ Date: _____

Witness: (Name and Address): _____

_____ Date: _____

Where Part C has been completed Clackmannanshire Council will require the Rightful Owner of the Certificate of Right of Burial (or his Executor, or Next-of-Kin) to complete Part D of this application.

PART D APPLICATION FOR TRANSFER / REPLACEMENT CERTIFICATE OF RIGHT OF BURIAL

I (Mr/Miss/Mrs/Ms): _____

Of: _____ Post Code: _____ Tel No: _____

Certify that I am the nominated person on the Application for Interment and that either

* **Select as appropriate**

* (a) I am not aware of any other individual who has a right to inherit the Exclusive Right of Burial and I therefore request that the Exclusive Right of Burial be transferred to me

* (b) all other beneficiaries with an equal claim to the Exclusive Right of Burial have consented to the transfer of the Exclusive Right of Burial to me. I therefore request that the Exclusive Right of Burial be transferred to me

* (c) I am the Rightful Owner of the Certificate of Right of Burial which has been lost/misplaced and therefore request a replacement Certificate:

In the Lair No/s. _____ Section _____ Cemetery: _____

In consideration of which, I undertake to indemnify the Council against any claim or action which may arise out of the transfer.

Signed: Witness :(Block Letters): _____

Dated: Signed: _____

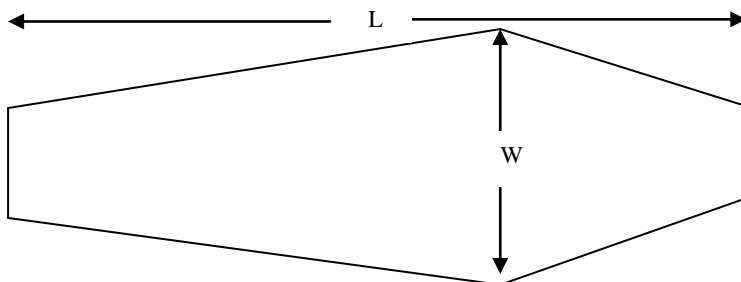
Address: _____

Dated: _____

COFFIN AND CASKET MEASUREMENTS

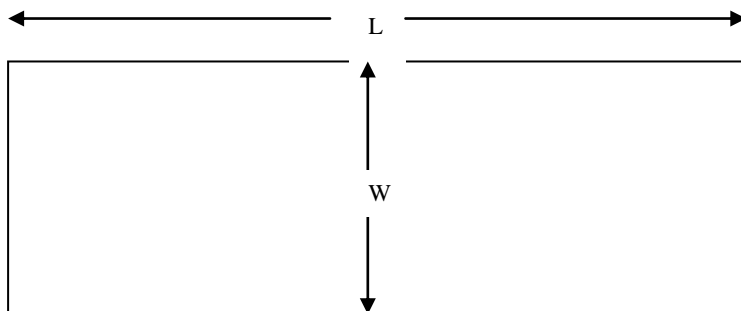
Dimensions of coffin casket and cremated remains casket. Please note that when quoting the width of a casket, the fixed handles must be included in the overall measurement:

Coffin Shaped



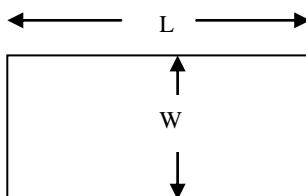
L = _____
 W = _____
 D = _____

Casket Shaped



L = _____
 W = _____
 D = _____

Cremated Remains Casket/Urn



L = _____
 W = _____
 D = _____

Special Instructions: _____

Signed: _____ (Funeral Director/Applicant)

Name of Funeral Director: _____

Address: _____

Post Code: _____ Telephone No: _____

FOR OFFICE USE ONLY

Lair Certificate Received		Opening Order No.	
Date Received		Date of Interment	
Transfer		Duplicate Certificate	
Costs	£ _____		

