



Great Dunmow Town Council

Great Dunmow Town Council
Foakes House
47 Stortford Road
Great Dunmow
Essex
CM6 1DG

Telephone 01371 872406

NOTICE OF INTERMENT (CREMATED REMAINS)

TOWN COUNCIL CEMETERY, CHURCH STREET

This Notice must be completed and delivered to the Town Clerk during office hours with the fees payable at least 48 hours prior to the proposed interment (exclusive of Saturdays, Sundays or Public Holidays).

1. Surname of person cremated _____
First names _____
Address _____

Post Code _____
2. Name and Address of parents (**ONLY**
if the person cremated was below the
age of 16 years) _____

Post Code _____
3. Description (occupation, etc) _____
4. Age _____
5. Date of death _____
6. Address where death occurred _____

Post Code _____
7. Civil Parish in which the death occurred _____
8. Did the deceased reside in Great Dunmow, as
defined by parish boundary, for at least five years
of the fifteen years immediately preceding his/her
death (or the parent(s) of the deceased if the
person to be buried was below the age of 16 years) _____
9. If the answer to 8 above is yes, please state at which
address/addresses the deceased resided (or the
parent(s) of deceased if below the age of 16 years) _____

Post Code _____

10. Will the interment require the re-opening of an existing cremated remains space _____
11. Cremated remains space number
(to be allocated by Town Clerk if not re-opening) _____
12. Day and time on which interment is to take place _____
13. Name and address of officiating Minister _____

_____ Post Code _____

Telephone No _____

14. Is an Exclusive Right of Burial being applied for _____
15. (a) If the answer to 14 above is Yes, please state the name and address of purchaser _____

Note: If the purchaser has resided in Great Dunmow, as defined by the Parish boundary, for at least five of the preceding fifteen years, residents fees apply

_____ Post Code _____

Telephone No _____

(b) the relationship of (a) above to the deceased _____

16. (a) If the answer to 14 above is **No** because deceased was the owner to the Exclusive Right of Burial, please state to whom the Right should be assigned and provide a copy of Grant of Probate or Grant of Letters of Administration. In the absence of either of the above, a Statutory Declaration must be completed to confirm right of ownership.
- (b) Full name and address of person to whom the Exclusive Right of Burial is to be transferred _____

_____ Post Code _____

Telephone No _____

(c) the relationship of (b) above to the deceased _____

(d) Signature of Assignee _____

NB In signing, the above-named confirms that he/she is the lawful beneficiary of the Grant of Exclusive Rights to this cremated remains plot in the Great Dunmow Town Council Cemetery

17. Name and address and telephone number of Undertaker

Post Code _____
Telephone No _____

18. Any other particulars

Signature of Applicant

Name of Applicant
(in BLOCK LETTERS please)

Date

IN SIGNING THE FORM THE APPLICANT ALSO CONFIRMS THAT HE/SHE AGREES TO ADHERE TO THE COUNCIL'S CEMETERY REGULATIONS (A COPY OF THE REGULATIONS HAVING BEEN RECEIVED AND SIGNED FOR, AS CONFIRMED BELOW:

Signature of Applicant

Signature of Undertaker

Your Personal Information

Great Dunmow Town Council is committed to protecting your privacy and will treat your personal data in accordance with the provisions of the Data Protection Act 1998. Information submitted by you will be used to enable the Council to provide the services or information you have requested. Your information will not be used for other purposes or supplied to third parties except in accordance with the law. Under the Data Protection Act 1998 you can make a formal request for the following information:

- Clarification that your personal data are being processed by the Council,
- A description and copies of the personal data being held,
- The reasons why the data are being processed,
- Details of whom they are being or may be disclosed to.

Revised 18.09.2019.