

Notice of Interment

All paperwork must be received by the Cemeteries Office 48 working hours prior to the agreed interment date.

Completed forms will only be accepted via email to cemetery.services@westsuffolk.gov.uk or via post to: Cemeteries Service, West Suffolk House, Western Way Bury St Edmunds, IP33 3YU

Bury St Edmunds Cemetery		
Haverhill Cemetery		
Newmarket Cemetery		
Date of interment	Day	
	Month	
	Year	
Time		

Details of deceased

Full Name (Mr/Mrs/Miss)			
Address			
Date of birth		Gender	
Age		Occupation	
Date of death		Marital status	
Place of death		Religion	

Please provide one of the following certificates which legally permits the burial:

Certificate for burial (Green certificate)	
Cremated remains certificate	
Coroners order for burial (Form 101)	
Medical certificate for the burials of an NVF	

Details of existing grave (if applicable)

Compartment		Grave number	
Deed of grant number			
Can you provide us with the original deed to the grave?			
Is there a memorial on the grave that will require removal to accommodate the burial? *			Yes
			No
If yes, please state who by			

* Any existing headstone will need to be temporarily removed to allow the burial to take place.

Registered owner	
Address	
Telephone number	
E-mail address	
Signature to authorise opening the plot *	

* If deceased, family member to sign

Details of new grave (if applicable)

Please confirm which grave type is required:

Lawn type grave <i>(All new lawn type graves will be dug to 7ft deep)</i>	
Earthen cremated remain grave	
Sanctum Vault	

Name of proposed deed of grant holder *	
Name of proposed deed of grant holder *	
Address	
Telephone number	
E-mail address	

* West Suffolk Council permit up to two deed holders

Burial vessel

Coffin		Ashes casket	
Outside dimensions*			
Material (must be biodegradable)			

* Including handles

Special arrangements/wishes:

<i>(e.g. horse drawn hearse in attendance/family wish to backfill grave/none attend funeral)</i>			
Is use of the chapel required?	Yes		No
If yes, please state the time of the service			

Are you a funeral Director?	Yes		No*
-----------------------------	-----	--	-----

* If no, please ignore the next section and move straight to the 'Applicant Details'.

Funeral Director details (if applicable)

Name	
Address	
Telephone number	
E-mail address	

Pre-Interment Agreement (Funeral Director)

I have read and understood the regulations that apply to all the cemeteries managed by the [West Suffolk Council Cemeteries Service](#).

I have explained the pre interment agreement with my client.

Signed (Funeral Director)	
---------------------------	--

Applicant details

Name of applicant	
Address	
Signature	
Relationship to deceased	
Email address	
Telephone number	

Pre-Interment Agreement (Applicant)

I have read and understood the regulations that apply to all the cemeteries managed by the [West Suffolk Council Cemeteries Service](#).

I will abide by the pre interment agreement and full cemetery regulations.

West Suffolk Council will capture and store information in this form so that the requested service can be provided. All personal information will be processed, protected, and disposed of in accordance with the UK General Data Protection Regulation and the Data Protection Act 2018 and will only be used to deliver or improve our services. We will not disclose any personal information to any other third parties unless required to do so by law or we have your consent to do so. For more information on how we do this and your rights in regard to your personal information and how to access it, visit our website: [How we use your information](#)

FOR OFFICIAL USE ONLY	
Deed of grant received	
Deed of grant number	
Entered in burial register	
Entered in the grave register	
Compartment number	
Grave number	
Lease term	
Depth (if applicable)	
Letter to owner (include a copy of the Cemetery regulations)	
Date on which deed sent to applicant	
Add to sales data base	
Item	Fee Payable
Exclusive Right of Burial (ERB – Deed)	
Interment fee	
Hire of chapel	
Other	
Total	£
Customer number	
Invoice number	
Date invoice sent	