

# Ludgvan Parish Council

Louise Dowe – Clerk to the Council

[www.ludgvan.org.uk](http://www.ludgvan.org.uk) Tel: 07928 813 653

No. of entry in  
Register of Burials

.....  
Grave Number

.....

Complete and return this form to: [clerk@ludgvan.org.uk](mailto:clerk@ludgvan.org.uk)

(or post to Ludgvan Parish Council c/o 19 Carnhell Road, Gwinear, Hayle TR27 5LB)

## APPLICATION FOR INTERMENT

(To be completed by the Funeral Director)

Please refer to the Cemetery Regulations when completing this form. Email, or post, the application to the clerk to ensure receipt **five working days** before proposed date of burial, excluding Saturdays, Sundays and Bank Holidays. If there is no living grave owner, allow additional time to transfer the deeds of grant.

### SECTION 1 – DETAILS OF THE DECEASED

|   |  |
|---|--|
| Which Cemetery (state whether St Paul's in Ludgvan, or Crowlas) : |  |
|---|--|

|  |  |
|--|--|
| Full name of person to be interred:<br>(if a child, also give full name of parent/s) |  |
|--|--|

|                 |  |                |  |      |  |
|-----------------|--|----------------|--|------|--|
| Place of death: |  | Date of death: |  | Age: |  |
|-----------------|--|----------------|--|------|--|

|                |
|----------------|
| Normal address |
|----------------|

|  |
|--|
|  |
|--|

|               |   |  |
|---------------|---|--|
| Male / Female | Occupation (if retired, please state previous occupation) |  |
|---------------|---|--|

|                             |  |                             |  |                             |  |
|-----------------------------|--|-----------------------------|--|-----------------------------|--|
| Requested date of Interment |  | Requested time of Interment |  | Time of arrival at cemetery |  |
|-----------------------------|--|-----------------------------|--|-----------------------------|--|

|   |
|---|
| Details of person requesting this interment |
|---|

|                               |                    |
|-------------------------------|--------------------|
| Full Name:                    | Address & postcode |
| Relationship to the deceased: |                    |
| Tel No and/or email:          |                    |
| Name of Officiating Minister  | Denomination       |
|                               |                    |

|  |          |
|--|----------|
| <b>Relevant disposal certificate attached?</b><br>If burial, then both parts B and C of the Green Form to be sent prior to the burial. | Yes / No |
|--|----------|

|                              |   |             |
|------------------------------|---|-------------|
| Grave details:               | EROB previously purchased / New Grave / Re-open * |             |
| If new grave, type required: | Full sized grave / cremated remains*              |             |
| Grave No.                    | Depth required:                                   | 4ft / 7 ft* |

\*delete as appropriate

**NEW GRAVES**

If the grave is to be purchased:

Full Name(s) of Purchaser(s): .....

Address & post code .....

Email and/or tel no: .....

**Note: the person(s) named above will be registered as the grave owner(s) with the deed being made in her/his/their name(s). No memorial may be arranged and no further interment may take place without the consent of the grave owner(s).**

**There is a charge for the purchase of the grave (EROB – Exclusive Right of Burial), and another charge for the first and subsequent interments.**

## SECTION 2 – FUNERAL DIRECTOR DETAILS

Name, address, email and phone no. of Funeral Directors:

|  |
|--|
|  |
|--|

Name of Grave Digger

Name and Signature of Funeral Director  
(with date of signature)

|  |
|--|
|  |
|  |

Funeral Director's Declaration:

I declare that in accordance with the Local Authority Cemeteries Order 1977, I have been engaged by the representatives of the above to make the necessary arrangements for the burial of the deceased. I confirm that I have obtained the consent of the owner of the grave for this burial. I indemnify Ludgvan Parish Council in respect of any claims and demands made by any person in respect of this burial.

I confirm that a copy of the above Grave Digger's public liability insurance and work method statement has been supplied to Ludgvan Parish Council **YES/NO**

Note: removal of existing headstones, if necessary, will be the responsibility of the Funeral Director. The removal of memorials must be carried out at least 48 hours before the burial takes place.

## SECTION 3 – INTERMENT OF ASHES (If burial of coffin, go to SECTION 4)

**To arrange the interment or scattering of Ashes, complete this section and return the form, along with the original cremation certificate and payment via bank transfer**

Tick to indicate what you are applying for:

|                    |                          |                     |                          |  |                          |
|--------------------|--------------------------|---------------------|--------------------------|--|--------------------------|
| Interment of Ashes | <input type="checkbox"/> | Scattering of Ashes | <input type="checkbox"/> | Memorial Tablet (state whether new, or addition to existing) | <input type="checkbox"/> |
|--------------------|--------------------------|---------------------|--------------------------|--|--------------------------|

If interment of Ashes:

|   |                          |                                    |                          |                                 |                          |
|---|--------------------------|------------------------------------|--------------------------|---------------------------------|--------------------------|
| In new grave (costs will be applied as per coffin burial) | <input type="checkbox"/> | In existing or pre-purchased grave | <input type="checkbox"/> | In the cremated remains section | <input type="checkbox"/> |
|---|--------------------------|------------------------------------|--------------------------|---------------------------------|--------------------------|

If existing or pre-purchased grave, give details of plot number and any previous interment/s

|  |
|--|
|  |
|--|

Size and materials of Urn or Casket:

|  |
|--|
|  |
|--|

Cremation Certificate: **ENCLOSED?**

If Ashes are being interred in a grave space, is the deceased the legal grave owner? **YES / NO**

**Deed of Grant or entitlement to Exclusive Right of Burial must be provided.**

***Important – for ashes in an existing grave, only the grave owner can give authority to use the grave space. If the deceased is the only legal owner, the deeds will need to be transferred legally.***

**FEE:**

£

Please make payment by Bacs : Ludgvan Parish Council  
A/c no: 00166278 Sort code: 30-56-96

Details of applicant, or the grave owner if ashes are being interred in a grave

Name:

Address:

Tel No:

Email:

**Signature of applicant / grave owner .....**

If grave owner is not the deceased, then proof of ownership should be given if a pre-purchased grave is to be used. If this is the case, a copy of the Exclusive Right of Burial should be attached.

SECTION 4 – BURIALS – subject to proof of grave ownership

**To arrange a burial of a coffin, complete this section and return the completed form with the original Green Burial Certificate and payment by bank transfer.**

Type of Grave: (state if: 1. New plot 2. Use of pre-purchased plot or 3. Re-open existing grave)

(If a new plot, you will also need to purchase an Exclusive Right of Burial)

If applicable, plot number of pre-purchased grave, or grave to be re-opened

Is the deceased the legal grave owner?

Yes

☐

No

☐

Deed of Grant or entitlement to Exclusive Right of Burial must be provided.

**Important – only a grave owner can give authority to use the grave space. If the deceased is the only legal owner, the deeds will need to be legally transferred.**

Type of burial: (note that double-depth graves are standard, even if proposed for a single burial, should family's wishes change over time)

State here the proposed burial depth (eg single, double, treble) and any other notes (eg child grave, stillborn)

Give details of coffin dimensions and material

**FEE:**

£

Please confirm payment by Bacs : Ludgvan Parish Council  
A/c no: 00166278 Sort code: 30-56-96

**YES / NO**

|                               |  |          |  |
|-------------------------------|--|----------|--|
| <b>Details of grave owner</b> |  |          |  |
| Name:                         |  | Address: |  |
| Tel No:                       |  |          |  |
| Email:                        |  |          |  |

**Certificate for Burial (green form)**

Enclosed ☐

|

**Signature of grave owner .....**

If grave owner is not the deceased, then proof of ownership should be given if a pre-purchased grave is to be used. If this is the case, a copy of the Exclusive Right of Burial should be attached. A passport or driving licence verifying signature must be attached if interment is in an existing grave, unless the deceased is the only legal owner.

**New Graves**

If purchasing a new grave, give full details of the grave owner/s, noting that the permission of all grave owners is required in order to open a grave, and that after the only legal owner of a grave dies, ownership must be legally transferred before the grave may be re-opened, or for memorials to be installed.

Owner 1

|                          |  |             |  |
|--------------------------|--|-------------|--|
| Mr/Mrs/Miss/<br>Ms/other |  | Signature   |  |
| First Names              |  | Family name |  |
| Address &<br>postcode    |  |             |  |
| Telephone                |  | email       |  |

Owner 2 (Necessary if the deceased is listed as Owner 1)

|                          |  |             |  |
|--------------------------|--|-------------|--|
| Mr/Mrs/Miss/<br>Ms/other |  | Signature   |  |
| First Names              |  | Family name |  |
| Address &<br>postcode    |  |             |  |
| Telephone                |  | email       |  |

|   |  |
|---|--|
| Address to which the Deed of Purchase should be posted to:<br>(ie to Owner 1, Owner 2 or other address) |  |
|---|--|

**Re-opening of existing grave**

If re-opening an existing grave, complete the following sections:

|                                   |  |                               |  |
|-----------------------------------|--|-------------------------------|--|
| Plot number                       |  | Name/s of<br>persons interred |  |
| Date of last interment (if known) |  |                               |  |

## Authority to re-open existing grave

If the Exclusive Right of Burial is in joint ownership, we will require the signature of ALL owners. By signing you are also giving permission for any memorial on the grave space to be removed from the grave plot, if necessary, for the interment to take place.

I hereby consent to the interment of the deceased on this Notice of Interment, and to abide by cemetery regulations.

### Owner 1

|                          |  |             |  |
|--------------------------|--|-------------|--|
| Mr/Mrs/Miss/<br>Ms/other |  | Signature   |  |
| First Names              |  | Family name |  |
| Address &<br>postcode    |  |             |  |
| Telephone                |  | email       |  |

### Owner 2 (Necessary if the deceased is listed as Owner 1)

|                          |  |             |  |
|--------------------------|--|-------------|--|
| Mr/Mrs/Miss/<br>Ms/other |  | Signature   |  |
| First Names              |  | Family name |  |
| Address &<br>postcode    |  |             |  |
| Telephone                |  | email       |  |

### Resident of the parish?

If the address of the deceased is not within the parish of Ludgvan, but you consider that the fee should be charged on the basis of being a resident, set out here their address when living in the parish, and the date of leaving the parish. (The reason can be given, if the move was to receive care / infirmity).

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For office use only:

|                                       |                   |                    |                  |
|---------------------------------------|-------------------|--------------------|------------------|
|                                       |                   | Fees               |                  |
| Grave ownership confirmed?            |                   | Purchase           |                  |
| Transfer of ownership – if required   |                   | Interment          |                  |
| Interment entered in Rialtas          |                   | Total              |                  |
| Deed prepared                         |                   | Payment method     | Cash/cheque/bacs |
| Plan marked (excel)                   |                   |                    |                  |
| Register completed (Rialtas and Book) |                   | Payment confirmed? |                  |
| Ashes location in main grave          | TL / TR / BL / BR |                    |                  |

Signed .....

Date: .....