

## Notice of interment for burials

Please return this notice to arrive at the council at least 3 working days prior to the interment date (Mon-Fri, excluding bank holidays)

Interment times: Monday-Thursday 09:30 -14:30, Friday 09:30 - 12:00 at graveside (excluding Bank Holidays; for other times please contact the Burials Officer for advice)

Full name of the person to be buried	
Home address (including postcode)	
The profession, trade etc of person to be buried or if a minor the name and address of parents	
Age of person to be buried	
Date of death	
Place of death (street and parish)	
Date on which burial is to take place	
Time burial is to take place	
Cemetery	Brenzett, Hawkinge, Lydd, New Romney
Number of grave or new grave	
Name of Minister to officiate	
Where is service to be held	
Time of service/chapel	
Is the burial in a grave which has previously been purchased?	Yes/No
Is the burial in a new grave?	Yes/No
Length of deed of grant of exclusive right of burial	30 years/50 years/75 years

<p>If the burial is in a new grave please provide the following details of the purchaser:</p> <p>Full name</p> <p>Address (including postcode)</p> <p>Contact number</p> <p>Email address</p>	
<p>Joint Owner details (if applicable)</p> <p>Full name</p> <p>Address (including postcode)</p> <p>Contact number</p> <p>Email address</p>	
<p>Relationship to deceased</p>	
<p>Depth of grave required</p>	<p>Single, double, triple</p>
<p>Measurement of coffin (length, shoulder width and height)</p>	
<p>Next of kin if they are not the same as the grave purchaser:</p> <p>Full name</p> <p>Address (including postcode)</p> <p>Contact number</p> <p>Email address</p>	
<p>Relationship to deceased</p>	

Signed (person making arrangement):
Date:
Funeral Director:
Address:
Contact number:

### **Agreement**

Please sign the agreement and return to your Funeral Director

'I, the person named as either the purchaser or the next of kin on the notice of interment for burials relating to the burial of

Deceased (Full name):

Interment date:

Hereby acknowledge that I understand and agree to be bound by Folkestone & Hythe District Council Cemetery Regulations.

Full name:

Signature:

Date:

### **Please attach the following:**

Signed copy of the 'Agreement.'

For reserved graves and re-opening: A copy of the original Deed of Grant or the grave owner's written permission.

### **Ways to pay:**

Funeral Directors will be invoiced.

By debit or credit card – Please call 01303 853407 to make your payment.

By cheque - Please make cheques payable to Folkestone & Hythe District Council and enclose with this application.

**Return this form:**

For Hawkinge Cemetery.

Forms should be returned to: Hawkinge Crematorium, Aerodrome Road Hawkinge, Folkestone, Kent, CT18 7AG. Email: [hawkinge.crematorium@thecmq.co.uk](mailto:hawkinge.crematorium@thecmq.co.uk) Tel: 01303 892215.

For other cemeteries.

Forms should be returned to: The Burial Officer, Folkestone & Hythe District Council, Civic Centre, Castle Hill Avenue, Folkestone, Kent, CT20 2QY. Email: [cemeteries@folkestone-hythe.gov.uk](mailto:cemeteries@folkestone-hythe.gov.uk)  
Tel: 01303 853407.