



LAMBOURN PARISH COUNCIL

The Memorial Hall, Oxford Street, Lambourn, Berkshire. RG17 8XP

Telephone: 01488 72400
Clerk: Karen Wilson
Assistant Clerk: Ann McMath

email: lambournpc@btconnect.com

PLEASE RETURN THIS FORM TO THE ABOVE ADDRESS
All Cheques to be made payable to "Lambourn Parish Council"

APPLICATION FOR INTERMENT – UPPER LAMBOURN CEMETERY

Interment in Main Cemetery ☐ Turning Circle ☐ *Please Tick Boxes as Appropriate*

INTERMENT

Date of Interment: _____ Time of Interment: _____

Name of Officiating Minister: _____

DECEASED

Forenames & Surname: _____

Age: _____ Sex: Male ☐ Female ☐

Permanent address at time of death: _____
Postcode: _____

Last Occupation: _____

Status: Single ☐ Married ☐ Divorced ☐ Widow/er ☐ Child ☐

Place of Death: _____

GRAVE *[Please tick all that apply]*

1st Interment ☐ 2nd Interment – Re Open ☐

Reserved Area: ☐

Coffin/Casket Dimensions: L W
It is the responsibility of the Funeral Director to check the dimensions of the open grave prior to the service and interment.

Cremated Remains: ☐ Turning Circle: ☐ Existing Grave: ☐ Plot No. _____

New purchase: ☐
Please complete New Purchase Form if not already purchased. Grant No: _____ Copy Enclosed: Yes ☐ No ☐
Please complete Form of Indemnity and attach deed if available

SEE SEPARATE FORM FOR A NEW PURCHASE OF EXCLUSIVE RIGHT OF BURIAL

Transfer of Ownership of	Deed No.	where owner is deceased
To: <i>[Forenames & Surname]</i>		
Status: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ If other please state:		
Relationship to Deceased:		
Address:		
Post Code:		
Telephone No.		email:
I declare that I am willing to take on the responsibility for the ownership of this grave and all it entails. <i>[Please note Cemetery Rules and Regulations apply]</i>		
Signature:		Date:

FORM OF INDEMNITY [must be completed]	
This form must be signed by the purchaser of the right of burial in all cases where the purchaser is still alive. If the purchaser has died the form must be signed by the person entitled to the right of burial, or the Executor of the deceased, or a close relative of the purchaser of the right of burial. In this latter case the relationship to the deceased must be stated.	
I [full name]	
Of [address]	
Telephone No:	email:
hereby authorise the opening of Grave No:in the Cemetery at Upper Lambourn, for the interment of the above named person and I agree that I will indemnify Lambourn Parish Council against all claims, demands, charges, costs, expenses, actions, liability or losses arising out of any act or default of the Parish Council or its servants as a result of them authorising the opening of the said grave and the interment of the deceased therein.	
Signed:	Capacity in which signatory has signed:
Date:	

DETAILS OF FUNERAL DIRECTOR/AGENT FOR THE DECEASED	
I/We the undersigned hereby give notice of an interment in Upper Lambourn Cemetery and certify that the particulars are true and correct.	
Name of Funeral Director:	
Contact name:	
Address:	
Postcode:	
Telephone:	email:
Signature: _____	Date: _____

FEES DUE TO LPC:	£ p	FOR OFFICE USE
Purchase of Exclusive Rights Fee:		Receipt No:
Interment fee due:		Grave Space Register
Gravedigging fee:		Location:
Other:	_____	Register No:
TOTAL =	_____	Deed of Grant No:
		Plans(s) marked: YES / NO
Copies of the cemetery regulations are available from the Parish Council Office or on www.lambourn.info Details provided are held securely and not shared with any third party. For further information please contact the office.		