



This notice must be delivered together with the certificate for disposal to the address above.

<b>APPLICATION FOR INTERMENT &amp; PURCHASE OF EXCLUSIVE RIGHT OF BURIAL (1<sup>st</sup> interment only) - DISS HEYWOOD ROAD CEMETERY</b>	APPLICATION/ REGISTER NO:
Interment in: Main Cemetery <input type="checkbox"/> Garden of Remembrance / Rest <input type="checkbox"/> (please tick)	

**DECEASED**

Full Name:.....

Address at time of death (or previous 6 months):  
 .....  
 .....

Post Code:.....Age:.....Occupation:.....

Had the deceased lived within the Diss Parish boundary within the last 4 years? YES/NO\*

If yes, please state the  
 Previous address: .....  
 .....

**INTERMENT**

Date of Interment:	Time of Interment: Time of Service:
Name of Minister & Denomination:	Place of Service:
Cemetery Chapel YES/NO* Organ YES/NO*	Extra Chairs YES/NO* if yes how many.....

**GRAVE DETAILS**

New Single Depth: <input type="checkbox"/> Ashes <input type="checkbox"/>	Consecrated: <input type="checkbox"/>
New Double Depth: <input type="checkbox"/>	Un-consecrated: <input type="checkbox"/>
Re-open <input type="checkbox"/>	Reservation <input type="checkbox"/> Plot No. ....
Grave of:.....(name)	Exclusive Rights No. ....
Date of 1 <sup>st</sup> interment:.....	

*Please complete ownership details overleaf*

**FUNERAL DIRECTOR**

Name: .....Address:.....  
 .....Postcode: .....Telephone: .....

**OFFICE USE ONLY**

Section/Plot Allocated:	Exclusive Rights No:	Folio/Page No:
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**DISS TOWN COUNCIL – ORDER FOR BURIAL/INTERMENT OF ASHES**

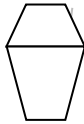
**GRAVE SIZE**

**PLOT NO. & SECTION**

Diss Town Council require the **actual grave size only**

Length of grave \_\_\_\_\_ Width of grave \_\_\_\_\_

**Coffin shaped**



**Casket shaped**



**Additional grave digging requirements**

Additional putlogs?  How Many? \_\_\_\_\_

Additional strap?

Brick lined grave?  If Yes please contact Diss Town Council for quotation.

Further additional requirements \_\_\_\_\_

**FEES & DETAILS – OFFICE USE ONLY**

Interment Fee & Chapel Fee	£	Signed .....(Diss Town Council)
Exclusive Right of Burial Fee	£	Note to Minister Printed <input type="checkbox"/>
Grave Digging Fee	£	Order Number: _____
TOTAL	£	MAP of grave space enclosed <input type="checkbox"/>

**NEW GRAVES – EXCLUSIVE RIGHT OF BURIAL DEED (ERB) PURCHASED BY**

*(not applicable in the Garden of Remembrance/Rest)*

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

Address: .....

..... Postcode: .....

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

**PURCHASED GRAVES CONDITIONS**

1. Exclusive Right of Burial is granted for a period of 100 years dating from the first burial.
2. Please see our terms and conditions for acceptable memorials to be placed on graves.

The person applying for the burial must agree to these conditions and sign and date below:

**Signed:** ..... **Date:** .....

**Print Name(s)** .....

**PREVIOUSLY PURCHASED GRAVES**

The Registered Owner(s) of the Exclusive Right of Burial must give permission for the burial by signing below. If the owner is deceased, the person arranging the funeral should complete this section.

I consent to the grave number..... being opened for burial of the late

.....

Signed: ..... Date: .....

Print Name: .....

Please contact Diss Town Council for any queries regarding transferring ownership of the Exclusive Right of Burial

**Privacy Notice** - Diss Town Council takes your privacy seriously and will only use your information in relation to your booking. For further information, please refer to our GDPR Policy at [www.diss.gov.uk](http://www.diss.gov.uk).