



SAFFRON WALDEN TOWN COUNCIL
Radwinter Road Cemetery

Notice of Interment

For SWTC use only:

Reg of Burials No	
Reg of Graves No	
Reg of Purchased Graves No	
Grant No	
Invoice No	

Completed forms must be received at least 48 hours prior to the interment and will be accepted by email to enquiries@saffronwalden.gov.uk or by post to Saffron Walden Town Council, Town Hall, Market Street, Saffron Walden CB10 1HR

Details of the Deceased	
Full name and title	
Home Address	Number of years at this address *
*If less than 5 years at above address, please state previous address	
Place where death occurred	
Date of Death	
Age last birthday	
Occupation	

Details of the Interment	
Date and time burial is to take place	Day and Date <input type="text"/> Time <input type="text"/>
Is Chapel Required If yes, please state time of the service	Yes <input type="checkbox"/> Time of service <input type="text"/> No <input type="checkbox"/>
Section of cemetery in which interment is to take place	Lawn <input type="checkbox"/> Traditional <input type="checkbox"/> Garden of Remembrance <input type="checkbox"/>
Position of Grave	Compartment Number <input type="text"/> Grave Space <input type="text"/>
Proposed depth of grave <i>NB: all new graves are to be dug to at least 7ft, to accommodate 2 coffin burials.</i>	New double <input type="checkbox"/> Re-open <input type="checkbox"/>

Please complete this section for EXISTING GRAVES only	
Exclusive Right of Burial Number <i>Please note that the deed will need to be provided prior to the interment.</i>	
Name and title of registered owner of the Exclusive Right of Burial <i>If the deceased was the registered owner, the ERB will need to be transferred. The proposed new owner should complete their details in boxes (i) and (ii) below</i>	
(i) *Name and title of the proposed new owner of the Exclusive Right of Burial	
(ii) Relationship of the proposed new owner to the deceased	
Address	
Telephone Number	
Email address	
Signature of the person authorising the re-opening of the grave for the purposes of the interment	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Please complete this section for NEW GRAVES only	
Title and name of proposed owner of the Exclusive Right of Burial (ERB)	
Relationship to the deceased	
Address	
Telephone Number	
Email address	
Term of Exclusive Right of Burial	25 years <input type="checkbox"/> 50 years <input type="checkbox"/>
Signature of Applicant	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Other Details			
Details of Coffin or Casket	Coffin <input type="checkbox"/>	Casket <input type="checkbox"/>	Other <input type="checkbox"/>
Outside Dimensions (including handles)			
Any additional information <i>(eg dove release, family wishing to back-fill grave, horse-drawn hearse)</i>			

Funeral Director Details (if applicable)	
Company Name	
Address	
Telephone number	
Email address	
Signature of Funeral Director	
Print Name	
Date	