



Parish Council Office

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STRATFIELD MORTIMER PARISH COUNCIL CEMETERY

NOTICE OF INTERMENT

(1st April 2025)

The Funeral Director **must** telephone the Council on **07436 807543** between the hours of 9am and 5pm Monday to Friday (excluding Public Holidays) to arrange the date, time and plot number.

This notice **must** be delivered to/received by The Parish Council Office at least two working days prior to the interment together with the Original Certificate for Burial (green form) or The Coroner's Burial Order (white form) and a cheque for the appropriate fee. Only original forms will be accepted.

DATE AND TIME OF INTERMENT (Monday to Friday 9:30am - 4:00pm)	DATE: TIME:
GRAVE/PLOT NO. ALLOCATED N.B. (These are allocated by the Parish Clerk in strict sequential order only)	ROW NO: GRAVE NO:
FULL NAME OF DECEASED	MR/MRS/MISS/MS
FULL ADDRESS OF DECEASED (Including Postcode) and previous address of Deceased if moved from Parish within a <u>5</u> year period prior to death. Please also supply the date moved from this address. (<u>Outside of this period</u> and <u>non-residents</u> will incur an additional fee)	
SEX & AGE OF DECEASED	
DATE OF DEATH	
ADDRESS WHERE DEATH OCCURRED (including postcode)	
MODE OF INTERMENT (i.e. Burial or burial of cremated remains)	
METHOD OF EXCAVATION (i.e. by hand or mechanical) Time agreed with Parish Council for excavation	DATE: TIME:
DEPTH OF GRAVE	<u>Please delete as appropriate</u> 1 st Interment depth 7' 2 nd Interment depth 4'3" If 2 nd Interment please indicate if there is a headstone to be removed Yes/No

FULL NAME AND TITLE OF PERSON OFFICIATING AT INTERMENT	
FULL NAME & ADDRESS (INCLUDING POSTCODE AND TELEPHONE NUMBER) OF GRANTEE IF THE PURCHASE OF EXCLUSIVE RIGHT OF BURIAL IS REQUIRED <u>OR</u> FULL NAME AND ADDRESS (INCLUDING POSTCODE AND TELEPHONE NUMBER) OF NEXT OF KIN Please see Cemetery Regulation No. 2	
<u>SECOND INTERMENTS:</u> PLEASE GIVE DETAILS OF THE REGISTERED OWNER OF THE EXCLUSIVE RIGHT OF BURIAL DEED INCLUDING DATE OF BURIAL, NAME AND PLOT NUMBER Please see Cemetery Regulation No. 2	
NAME AND ADDRESS INCLUDING TELEPHONE NUMBER OF FUNERAL DIRECTOR	
TOTAL FEE PAYABLE (ENCLOSED) (Cheques payable to Stratfield Mortimer Parish Council)	£

I consent to the burial of _____

In Stratfield Mortimer Parish Council Cemetery and

I confirm that I have received a copy of the Cemetery Regulations (June 2024 version) and agree to abide by them.

Signed: _____ **(Owner of the Exclusive Rights of Burial/Next of Kin)**; Dated: _____

Name: _____

I confirm that the above interment will be carried out in accordance with SMPC Cemetery Regulations in particular that the grave is dug to the required depth above.

Signed: _____ **(Funeral Director)**; Dated: _____

Authority is hereby granted for the Interment in accordance with the foregoing particulars.

Signed: _____ **(The Clerk, Stratfield Mortimer Parish Council)**; Dated: _____