

	If 2 nd Interment please indicate if there is a headstone to be removed Yes/No
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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: _____