

NOTICE OF INTERMENT OF ASHES IN CASKET/URN

PLEASE RETURN THIS NOTICE AT LEAST THREE WORKING DAYS (Mon-Fri, excluding bank holidays) **PRIOR TO THE INTERMENT DATE TO:**

The Burials Officer, Folkestone & Hythe District Council, Civic Centre, Castle Hill Avenue, Folkestone Kent CT20 2QY Tel: 01303 853407

Interment times: Monday-Thursday: 09.30 to 14.30 hours, Friday 09.30 to 12.00 hours at Graveside (excluding Bank Holidays)

Cemetery: Hawkinge / New Romney / Lydd / Brenzett / Spring Lane / Cheriton Road

- 1 Title, Christian name(s) & surname of the deceased person _____
2. Home address _____

Postcode: _____
3. Description (Profession/trade etc of deceased person) _____
4. Age of deceased _____
5. Date of Death _____
6. Place of Death (Street and Parish) _____
7. Day of week and month on which interment is to take place _____
8. In which cemetery _____
9. Time at graveside _____
10. Number of Grave or ashes plot _____
11. Name of Minister to Officiate (if any) _____
12. Where service is to be held: _____

13. Name and Address of person/s making the arrangements

Title: _____

Full name: _____

Address: _____

Postcode: _____

Contact telephone number: _____

Email address: _____

(a) Relationship of arranger/s to the deceased _____

(b) Name(s) of those interred in grave (if applicable) _____

(c) Relationship of deceased to Person/s already interred in grave (if applicable) _____

14. Measurement of CASKET/URN _____

Reserved ashes plots or grave re-open:

Original Deed of Grant seen and copy attached ☐

or owner's written agreement enclosed ☐

I enclose the "Certificate for disposal of ashes" (from the Crematorium) ☐

Please refer to Folkestone & Hythe District Council Cemetery fees and charges for the current fee.

Cheque - payable to Folkestone & Hythe District Council

Debit or credit card – call 01303 853407

Funeral Directors will be invoiced

Signed (Person arranging): _____

Date: _____

Funeral Director: _____

Address: _____

Telephone: _____ Email: _____

Agreement

Please sign the agreement

*'I, the person named in section 13 of the Notice of Interment for ashes in casket/urn,
relating to the interment of*

Deceased (full name) _____

Interment date _____

*Hereby acknowledge that I understand and agree to be bound by
Folkestone & Hythe District Council Cemetery Regulations.*

Full Name _____

Signature _____ Date _____