

NOTICE OF INTERMENT FOR BURIALS

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

Forms for Hawkinge Cemetery should be returned to Hawkinge Cemetery, Aerodrome Road, Hawkinge, Folkestone, Kent CT18 7AG Tel:01303 892215 and for other cemeteries 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 -14:30, Friday 09:30 - 12:00 at graveside (excluding Bank Holidays; for other times please contact the Burials Officer for advice)

CEMETERY: HAWKINGE / LYDD / NEW ROMNEY / SPRING LANE / BRENZETT

1. Title and full name of the person to be buried _____
2. Home address _____

Postcode _____
3. Description (Profession/trade etc of person to be buried or if a minor, name and address of Parents) _____
4. Age of person to be buried _____
5. Date of Death _____
6. Place of Death (Street and Parish) _____
7. Date, day of week and month on which burial is to take place _____
8. In which cemetery _____
9. Time at which funeral will arrive at graveside _____
10. Number of Grave or New Grave _____
11. Name of Minister to Officiate _____

12. Where service is to be held _____
13. Time of Service / Chapel _____
14. (a) Is the burial to be in a grave which has previously been purchased? _____
(b) If the burial is in a new grave please state the FULL name(s) and address of Purchaser
- Title: _____
- Full name: _____
- Address: _____

- Postcode: _____
- Contact telephone number: _____
- Email address: _____
- (c) Relationship to deceased _____
15. Please state if single, double or triple depth grave is required or for cremated remains _____
16. Measurement of Coffin (Length, shoulder width and height) _____
- DO NOT** give grave size, as additional inches will be added to coffin size to give grave size
17. Name & Address of next of kin (If not detailed in 14(b) above) _____

- Telephone number and Email address _____
- Relationship to deceased _____

Reserved graves & re-open: Original Deed of Grant seen and copy attached ☐ or owner's written agreement enclosed ☐

Signed (Person arranging): _____ Date: _____

Funeral Director _____

Address _____

Telephone _____

Agreement

Please sign the agreement and return to your Funeral Director.

'I, the person named in section 14 or 17 of the Notice of Interment for Burials, relating to the burial 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 _____