



# Bishopstoke Parish Council

**Peter J Storey OBE FCIS**  
**Clerk to the Parish Council**

**2 Old Fromans Farm**  
**King's Somborne**  
**Stockbridge**  
**Hampshire SO20 6QD**

Contact for cemetery: Mrs Cheryl Taylor, Assistant Clerk  
Tel: 07521 735539  
e-mail: acbishopstoke.pc@btinternet.com

Tel/fax 01794 389220  
e-mail: bishopstoke.pc@btconnect.com

## **NOTICE OF INTERMENT IN BISHOPSTOKE CEMETERY**

THIS NOTICE to be delivered to the above address, to arrive NORMALLY TWO CLEAR WORKING DAYS before the pre-arranged time for the interment, together with the appropriate fee and the "Registrars Certificate for Disposal", "Coroner's Order for Burial" or "Certificate of Cremation".

**HOURS OF BURIAL:** All interments shall take place on Mondays to Fridays between the hours of 0900 and 1530 and on Saturdays between the hours of 0900 and 1200. No funerals on Sundays or Public Holidays, except in special cases sanctioned by the Council (or a Committee thereof) and in cases of emergency by Order of the Coroner.

1. First Name(s) and Surname of Deceased: .....
2. (a) Place where death occurred: .....  
.....  
(b) Last permanent address of Deceased: .....  
.....  
(c) Age of Deceased: ..... Sex: ..... Title.....
3. Occupation: .....  
(If a minor, name and residence of parents): .....  
.....
4. Date of Death: .....20.....
5. Day of Week, date and time of burial: .....day .....20.....  
.....a.m./p.m.
6. Name of officiating Minister: .....Denomination: .....
7. Number of Grave Plot: New Grave No: .....Reopen Grave No: .....
8. Full name of person last Interred: .....
9. Proposed depth of grave: ..... (double/single/ashes)  
(Minimum depths for burials: double 6 feet 6 inches, single 5feet)
10. Size of Coffin/ Urn: Length: .....ft.....ins. Breadth:.....ft.....ins Depth:.....ft.....ins.
11. Signature of Funeral Director: .....  
Address: .....  
.....  
Date of Application: .....20.....

Fees paid: Interment fee £..... Exclusive Right of Burial for .... years £..... TOTAL £.....

**THE APPROPRIATE SECTION OVERLEAF MUST ALSO BE COMPLETED**

**APPLICATION FOR OWNERSHIP – NEW GRAVE**

I wish to purchase the Right of Burial in the aforementioned grave and I understand that my rights will exist for a period of 30/60 years (*delete as appropriate to fee paid*) and that the Parish Council will have the right to remove any memorial from the grave after this period. I understand that a memorial can only be erected upon issue of the necessary permit from the Parish Council.

I undertake to comply with the Council’s regulations regarding items and memorials that can be placed on the grave and I agree to notify the Parish Council of any change in my address.

Signed: .....Date.....

Full Name of person to be registered as owner: .....  
(block letters)

Address: .....  
.....Post Code.....

**Note:** No memorial may be arranged and no further interment may take place without the signed consent of the grave owner.

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**RE-OPENED GRAVE**

I hereby authorise Grave No. .... to be opened for this interment.

Full Name (block letters): .....

Address: .....  
.....  
.....

Relationship to the deceased: .....

Signature of registered owner or person authorised: .....Date.....

Number of Grant of Exclusive Rights of Burial for above grave: .....

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**UNPURCHASED GRAVES**

I, the undersigned person, agree to the interment of the late:-

.....  
taking place in an Unpurchased Grave, in which other persons are or may be buried. I understand that no memorials will be allowed on this grave as the exclusive right of burial is vested in the Parish Council.

Signed: .....Date.....

Full Name (block letters): .....

Address: .....  
.....  
Relationship to the deceased: .....

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