



**Blaenau Gwent County Borough Council**  
Cemeteries Department  
Telephone: 01495 356061/ 01495 357873

**NOTICE OF INTERMENT IN CEMETERY**

**DETAILS OF DECEASED**

Surname: ..... Forenames: .....

Maiden Name: .....

Age at Last Birthday: .....

Last Address of Residence: .....

Formerly of Address:.....

Place of Death: .....

Date of Death: .....

**FEES CHARGED FOR NON-RESIDENTS/PERSON LIVING OUTSIDE THE BOROUGH FOR MORE THAN 12 MONTHS, AT THE TIME OF DEATH**

**DETAILS OF INTERMENT**

Funeral Director/Private: ..... Minister:

Cemetery: ..... Time: ..... Day: ..... Date: .....

**DETAILS OF PREVIOUS INTERMENT**

Name: ..... Date: .....

*(Tick Appropriate)*

- |  |                          |
|--|--------------------------|
| New Grave  | <input type="checkbox"/> |
| Pre-Purchased  | <input type="checkbox"/> |
| Re-Open  | <input type="checkbox"/> |
| New Grave/ Cremated Remains (Minimum Depth Required) | <input type="checkbox"/> |
| New Grave/ Cremated Remains (Full Depth Required)    | <input type="checkbox"/> |
| Re-Open/ Cremated Remains                            | <input type="checkbox"/> |
| Garden Of Rest/ Cremated Remains                     | <input type="checkbox"/> |
| Garden Of Rest/ Re-Open/ Cremated Remains            | <input type="checkbox"/> |

Grave No: ..... Row:..... Section:.....

Coffin Size: ..... Handle Type: .....

Casket Size: ..... Handle Type: .....

Cremated Remains Casket Size: ..... Handle Type: .....

Memorial Installed (YES or NO): .....

**DETAILS OF PERSON APPLYING FOR THE INTERMENT & EXCLUSIVE RIGHT OF BURIAL**

Surname: .....  
Forenames: .....  
Address: .....  
Telephone Number: .....  
Email Address: .....  
Relationship to Deceased: .....

**I hereby apply for the exclusive right of burial**                      **New Grave (YES or NO) .....**

**DETAILS OF PROPOSED OR EXISTING GRAVE OWNER**

Surname: .....  
Forenames: .....  
Address: .....  
Relationship to Deceased: .....  
Signed: .....  
Date: .....

**DETAILS OF FUNERAL DIRECTOR /PRIVATE FUNERAL**

Company Name: .....  
Address: .....

I, being the Funeral Director, acting on behalf of the persons making these arrangements confirm that the foregoing details are correct and have been discussed in detail with my client(s). I have advised them of the cemetery rules within Blaenau Gwent County Borough Council Cemeteries **I ALSO UNDERTAKE TO ARRANGE FOR THE SAFE REMOVAL OF ANY MEMORIAL PLACED ON THE GRAVE SPACE PRIOR TO EXCAVATION FOR THIS INTERMENT.**

**I UNDERSTAND THAT IF THIS FORM IS INCORRECTLY COMPLETED AND/OR NOT SUBMITTED TOGETHER WITH THE APPROPRIATE FEE TO THE CEMETERIES DEPARTMENT AT BLAENAU GWENT COUNTY BOROUGH COUNCIL, NO LATER THAN 3 FULL WORKING DAYS BEFORE THE INTERMENT, THE RESERVATION MAY BE CANCELLED AND THE FUNERAL DELAYED, FOR WHICH THE COUNCIL WILL ACCEPT NO RESPONSIBILITY.**

Signed: .....  
Print Name: .....  
Date: .....



**BLAENAU GWENT COUNTY BOROUGH COUNCIL**

**STATUTORY DECLARATION**

**DETAILS OF GRAVE**

Cemetery: ..... Grave number.....Row.....Section.....

Grave Owner: .....

Purchased On: .....

**NAME AND ADDRESS OF SUCCESSOR.....**

.....

**DO SOLEMNLY AND SINCERELY DECLARE as follows:-**

THE GRAVE DEED CANNOT BE PRODUCED BECAUSE:

.....

I WISH TO BE REGISTERED AS THE SUCCESSOR IN TITLE TO THE EXCLUSIVE RIGHTS APPERTAINING TO THE ABOVE GRAVE

THE PREVIOUS OWNER DIED ON: .....

1. I hereby declare that I am entitled to be named as the successor in title of the registered grave owner for the following reasons: -

.....  
.....

2. If any other persons are equally entitled I have obtained their consent that I should be so named.

3. To the best of my knowledge and belief ..... (Name of Grave Owner) have never assigned the benefit of the grave right to any other person or specified any reservation of the grave for any particular person in accordance with item 10(6) in the Local Authorities Cemeteries Order 1977

4. I hereby declare that I will indemnify Blaenau Gwent County Borough Council against all actions, proceeding, demands, costs and expenses of any nature whatsoever (including the exhumation of any burial) "should it be subsequently proved my claim as aforesaid" is unfounded and that I have no title to exercise the Right of Burial in this grave. I am making this declaration believing the same to be true by virtue of the Statutory Declarations Act of 1835.

**DECLARED AT .....**

**THIS ..... DAY OF .....**

**IN THE COUNTY OF ..... BEFORE ME .....**

**SOLICITOR/ COMMISSIONER FOR OATHS- SIGNATURE .....**

**OFFICE ADDRESS .....**

**SIGNATURE OF APPLICANT .....**

***APPLICANTS ARE REMINDED THAT FAILURE TO COMPLETE THIS DECLARATION TRUTHFULLY COULD GIVE RISE TO CRIMINAL PROCEEDINGS***

*BACK PAGE*

**OFFICE USE ONLY**

Successor details updated (Yes or No) ..... Officers Signature .....

Payment Method .....

Receipt No .....

**RECORD USE ONLY**

Date Disposal Certificate received .....

Date sent to Registrar .....

Grave No .....

Register of Burials No .....

**OFFICERS INITIALS** .....