



**ATTLEBOROUGH TOWN COUNCIL**

Town Hall, Queens Square, Attleborough, Norfolk NR17 2AF  
 Tel: 01953 456194 - email: [enquiries@attleboroughtc.org.uk](mailto:enquiries@attleboroughtc.org.uk)

**ATTLEBOROUGH TOWN COUNCIL**  
**NOTICE OF INTERMENT AT ATTLEBOROUGH CEMETERY**

This notice must be delivered together with the certificate for disposal to Town Council Office, not later than 48 hours BEFORE THE PRE-ARRANGED TIME FOR THE BURIAL.

All operatives must give 48 hours' notice to the Town Hall Office prior to work. Graves must be left with a marker at all times. For memorials please use separate form.

**Deceased's Details**

Full Name of Deceased:.....

Address: .....

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

Age:.....Where death occurred:.....Date of Death:.....Profession/Trade.....

**Service Details**    **Do not leave any fields unanswered – please tick the relevant box where appropriate**

Day and date of service:	Time of service:
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Name of Minister and Denomination:	Type of service: Chapel <input type="checkbox"/> Direct to Grave <input type="checkbox"/>
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The Funeral Director **MUST** contact the Senior Groundsman prior to the burial to arrange to meet him at the Cemetery to confirm the Section and Plot No are correct.

**Grave and Coffin Details**

Purchased Grave       New Grave       Reopen       Double       Single

If new grave, type required: Cemetery Plot       Garden of Remembrance Ashes Plot

*Please complete ownership details overleaf*

Grave Number:	Section:	Plot No:	Depth Required:
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Coffin Dimensions:

Length \_\_\_\_\_

Width \_\_\_\_\_

Height \_\_\_\_\_  
(from base to lid)

Casket Dimensions:

Length \_\_\_\_\_

Width \_\_\_\_\_

Height \_\_\_\_\_  
(from base to lid)

Locking Handles? Yes/No (delete which doesn't apply)  
**Please provide actual maximum measurements**

Locking Handles? Yes/No (delete which doesn't apply)  
**Please provide actual maximum measurements**

<b>Office Use Only</b>	<b>Fees</b>	<b>£</b>	<b>p</b>	<b>Funeral Director</b>
Burial Reg	Purchase			Name:.....
Record Bk	Interment			Address: .....
Grave Reg	Transfer			.....
Deed Prepared	Other:			Post Code:.....Telephone No:.....
Grant Reg				Email address:.....
A/c no				
	£			

**New Graves**

If the grave is to be purchased:

Full Name(s) of Purchaser(s):.....

Address: .....

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

**Note:** The person(s) named above will be registered as the grave owner(s) with the deed being made in his/her/their name(s). No memorial may be arranged and no further interment may take place without the signed consent of the grave owner(s)

The Exclusive Right of Burial is granted for a period of 100 years dating from the first burial.

- Headstones not to exceed 1 metre in height from the ground, 3ft 6" or 1.07 metres wide including Landing.
- Tablets Size 18 x 18 Inches or 0.46 x 0.46 metres and be placed Flush to Ground
- Headstones in the Garden of Remembrance should not exceed 26 inches x 18 inches or 0.66 metres x 0.46 metres in height.

**Memorial kerbs are not allowed**

The person applying for the burial must agree to these conditions and sign and date below:

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

**Previously Purchased Graves**

The Registered Owner of the Exclusive Right of Burial must give permission for the burial by signing below. If the owner is deceased, the person arranging the funeral should complete this section.

I consent to grave number ..... being opened for the burial of the late

.....

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

*Please contact the Cemeteries Office for any queries regarding transferring ownership of the Exclusive Right of Burial*

Name & Address Next of Kin.....

.....

Relationship..... Telephone.....

Fee £ ..... Date.....

***For the purpose of determining fees, an inhabitant of Attleborough is a person who is listed on the current Register of Electors. Former inhabitants who, at time of death, were residents in a retirement home located outside Attleborough will be treated as inhabitants if they are listed on the current or previous four years Register of Electors.***