

North Hykeham Town Council

Town Clerk: Mrs M Parker Civic Offices, Fen Lane, North Hykeham, Lincoln LN6 8UZ Tel: (01522) 681537

Email: townclerk@northhykeham-tc.gov.uk

NOTICE OF INTERMENT NORTH HYKEHAM CEMETERY

Please note all rights to Plot must be transferred on demise of present Deed Holder and particulars notified to the Clerk – There is a charge of £25 to transfer the Deed

Date of death Date of death Date of burial Time Council Staff Undertakers Date of burial Undertakers Date of death Date of death Date of death Date of death Date of beath Date of death Date o	Full name of deceased					
Place of death Date of burial Shes interment to be undertaken by: Undertakers	Age					
Shes interment to be undertaken by: Undertakers	Last residence					
Shes interment to be undertaken by: Undertakers	Place of death				Date of death	
Undertakers Undertakers address Undertakers address etails of the grave: Double Ashes Plot or Plot in Children's section or lot Number: Full name of Deed Holder/Person authorising burial Home Address Email Address Phone Number Actual measurements of ashes container (Including handles) Phereby consent to the interment of the late: Name of deceased Relationship to deceased Indicating that the above particulars are correct	Date of burial				Time	
Undertakers Undertakers address Undertakers address etails of the grave: Double Ashes Plot or Plot in Children's section or lot Number: Full name of Deed Holder/Person authorising burial Home Address Email Address Phone Number Actual measurements of ashes container (Including handles) Phereby consent to the interment of the late: Name of deceased Relationship to deceased Indicating that the above particulars are correct	Ashes interment to be unde	rtaken hv				<u>'</u>
etails of the grave: Double Ashes Plot		•	or	C	ouncil Staff	
Double Ashes Plot	Undertakers name					
Double Ashes Plot	Details of the grave:					
Full name of Deed Holder/Person authorising burial Home Address Email Address Phone Number Actual measurements of ashes container (Including handles) hereby consent to the interment of the late: Name of Relationship to deceased and certify that the above particulars are correct			or	D	lot in Children's se	action \square
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Actual measurements of ashes container (Including handles) hereby consent to the interment of the late: Name of deceased nd certify that the above particulars are correct		1				
Home Address Email Address Phone Number Actual measurements of ashes container (Including handles) hereby consent to the interment of the late: Name of Relationship to deceased and certify that the above particulars are correct		Person				
Email Address Phone Number Actual measurements of ashes container (Including handles) hereby consent to the interment of the late: Name of Relationship to deceased Indicate the correct	-					
Actual measurements of ashes container (Including handles) hereby consent to the interment of the late: Name of Relationship to deceased nd certify that the above particulars are correct	Email Address					
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nd certify that the above particulars are correct						
gnature: Date:		articulars are c	II.	<u>'</u>		
	Signature:				Date: _	

FOR OFFICE USE ONLY

BURIAL GRANT NO	GRAVE NUMBER
DEPTH OF BURIAL	RE-OPENING
DATE INVOICED ISSSUED	NEW DEED ISSUED
REGISTER OF BURIALS NUMBER	GRAVE REGISTER
TRANSEER CERTIFICATE ISSUED	BURIAL INDEX