

APPLICATION FOR INTERMENT

Please send completed forms to;

Countryside Burials Ltd, 309-313 Mill Road, Cambridge, CB1 3DF

Tel: 01638 600693 Email: admin@countrysideburials.com

This form must be completed in BLOCK CAPITALS and returned to the Cemetery Office.

1. Details of Deceased							
First & Middle Name:							
Surname:							
Address:							
Date of Birth:							
Date of Death:							
Age:							
Cause of Death							
2. Funeral Director Details							
Name of Funeral Director:							
Company Name:							
Telephone Number:							
Email Address:							
3. Grave Owner Details							
Name of Grave Owner:							
Address:							
Telephone Number:							
Email Address:							
Relationship to Deceased:							
4. Interment Details							
Date of Interment:							
Time of Interment:							
Grave Number (if known):							
Deed number of grave (if pre-owned):							
Zone or Area:	<table border="1"><tr><td>Zone A</td><td></td></tr><tr><td>Zone B</td><td></td></tr><tr><td>Gardens Of Rest</td><td></td></tr></table>	Zone A		Zone B		Gardens Of Rest	
Zone A							
Zone B							
Gardens Of Rest							

Type of Interment (Full burial / Ashes):	
Is this a new grave or reopening?:	
Single or Double Depth	
Coffin - Overall Length (external): _	Length: Width ;
Type of coffin:	Shroud / Cardboard / Chipboard / Pine / Other:
Has the deceased been embalmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, was this for legal purposes? If not, please explain special circumstances:	

5. Declarations

Declaration by Funeral Director

I, the undersigned Funeral Director, confirm that I am responsible for arranging the interment of the deceased named in this application. I have ensured that all statutory documentation required for burial has been obtained, including (where applicable) the Certificate for Burial or Cremation or Cremation Certificate.

I confirm that my company holds valid public liability and professional indemnity insurance and that all activities carried out on cemetery grounds will be conducted in accordance with applicable health and safety regulations.

I accept full responsibility and liability for the conduct of my staff, contractors, and any persons acting on behalf of the funeral company and any attendees during the interment. I also agree to indemnify Countryside Burials Limited, its employees, and representatives against any claim, action, damage, loss, or liability arising out of or in connection with the funeral service and interment arrangements.

Funeral Director's Name: _____ **Company Name:** _____

Telephone: _____ **Email:** _____

Signature: _____ **Date:** _____

Declaration by Family Member / Representative

I, the undersigned, being the next of kin or authorised representative of the deceased, confirm that I have requested the interment of the deceased at Brinkley Woodland Cemetery trading under Countryside Burials Ltd.

I declare that all information provided in this application is accurate to the best of my knowledge and that I have the authority to request this interment. I understand that it is my responsibility to ensure that all legal and procedural requirements for burial have been met. I also understand that Countryside Burials does not accept any responsibilities when it come to attendees wishing to backfill or lower the deceased themselves.

I acknowledge and accept that **Countryside Burials Limited and its staff will not be held liable** for any damage, loss, delay, or inconvenience arising from incorrect information provided, late submission of documents, weather conditions, or circumstances beyond their control.

I further agree to indemnify Countryside Burials Limited and its representatives against any claim or liability arising from this interment request.

Name: _____ **Relationship to Deceased:** _____

Address: _____ **Signature:** _____ **Date:** _____