

**Town Clerk**

**Chipping Norton Town Council**

01608 642341

The Guildhall, Chipping Norton, OX7 5NJ

[www.chippingnortontowncouncil.co.uk](https://na01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.chippingnortontowncouncil.co.uk%2F&data=04%7C01%7C%7C677a7775085c4f0031de08d9c481fb66%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637756885006512125%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=PTGHVxbUmspTcXqItPt%2FQEcmB80iPXw%2BW8fd7Tw2qjw%3D&reserved=0)

**CHIPPING NORTON INTERMENT REQUEST FORM (CREMATED REMAINS)**

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| **DECEASED DETAILS** |
| **Full name of deceased** |  |
| **Place at time of death** |  |
| **Date of death** |  | **Age at Death** |  |
| **Denomination** |  |
| **Usual or former residence** |  |  |  |
| **Have you attached proof of residency? For example, a Council Tax bill.** |  |  |  |

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| **BURIAL DETAILS** |
| **Date and time of interment** |  |
| **Name of Officiating Minister** |  |
| **Time & Place of Service** |  |
| **Grave No.** | **Consecrated**  |  | **Not consecrated** |  |
| **Section in Cemetery** |  |
| **Name of Undertaker/Burial Organiser** |  |
| **Phone No. of Undertaker/Burial organiser** |  |

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| **The accurate dimensions of the container of cremated remains MUST be shown below. A diagram of container would be helpful, if the container is of an unusual shape, this must also be indicated. If supplying a diagram, please do so below:** |  |
| **NAME OF DECEASED:** |  |
| **DATE OF INTERMENT:** |  |
| **DIMENSIONS/MEASUREMENTS:** |  |
| **Diagram** |

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| **PURCHASER/ EXCLUSIVE RIGHTS OF BURIAL DEED HOLDER DETAILS** |
| **Name of Deed holder/Nominated Representative** |  |
| **Relationship to Deceased** |  |
| **Has the Exclusive Rights of Burials been transferred as part of Power of Attorney or Probate?** |  |
| **Address** |  |
| **Post Code** | **Telephone No:** |
| **For burials in an existing grave space, please state the deed number and the plot reference number**  | **Deed No:** | **Plot ref:**  |
| ***I have received and/or read a copy of the Cemetery regulations relating to interments at Chipping Norton Cemetery and agree to abide by these rules.******Please tick the box***  |
| **Signed: Deed Holder/ Nominated Representative****Date:** |  |