**OADBY & WIGSTON BOROUGH COUNCIL** Ref No. \_\_\_\_\_\_\_\_

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| --- | --- | --- |
|  | **NOTICE OF**  **INTERMENT/SCATTERING**  **OF ASHES IN**  **OADBY CEMETERY** | **Office Date Stamp**  **Time Received** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

This notice should reach the Cemeteries Office, Oadby and Wigston Borough Council, Brocks Hill Council Offices, Washbrook Lane, Oadby, Leicestershire, LE2 5JJ, at least 1 working day prior to the interment / scattering taking place. No applications for interment or scattering can be received on or for Saturdays, Sundays and Bank Holidays.

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| **DATE OF INTERMENT/SCATTERING** | | | **TIME / DAY OF WEEK**  (9.30 to 3.15 Mon to Thurs; 9.30 to 2.00 Fri) | | **SECTION AND GRAVE NO.** | |
| **FULL NAME OF DECEASED** | | | LAST KNOWN PRIVATE ADDRESS *\*SEE NOTE 6 OVERLEAF* | | | **DATE LAST RESIDED** |
| **AGE** | **PLACE OF RESIDENCE (if different from above)** | | | | | |
| **DATE OF DEATH** | | | **PLACE OF DEATH** | | | |
| **FULL NAME OF PURCHASER** | | | **ADDRESS OF PURCHASER** | | | **POST CODE** |
| This application is made to purchase the Exclusive Right of Burial in a new Garden of Remembrance plot at Oadby Cemetery. Memorials in this area are restricted to monuments or vases only and the following declaration must be made and signed: | | | | | | |
| I, (name in full)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| being the applicant for the interment of the late \_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  understand that the plot being purchased is in a section of the cemetery laid to lawn and the plot will be turfed flat and mown by the Sexton and his staff. I understand that any memorial installed on the space provided behind the grave may include provision for holding flowers but otherwise no flowers will be allowed on the grave. I have read the Cemetery Rules and Regulations and agree to be bound by them. A full copy of the Rules and Regulations is available at [www.oadby-wigston.gov.uk](http://www.oadby-wigston.gov.uk) or upon request from the Cemeteries Office.  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Register of Burials** | | **Register of Purchased Graves** | | **Fee paid** | | |
| **No. \_\_\_\_\_\_\_\_\_\_** | | **No. Page\_\_\_\_\_\_\_\_\_** | | **Purchase**  **Interment**  **Scatter** | | |

**PLEASE READ THE REVERSE OF THIS FORM**

**NOTES**

1. At least 24 hours notice of interment/scattering must be given.
2. All notices must be sent to the Cemeteries Office, Brocks Hill Council Offices, Washbrook Lane, Oadby, Leicestershire, LE2 5JJ and the correct fee enclosed at the time of sending. Notices cannot be received on Saturdays, Sundays or public holidays.
3. New graves are allocated in strict rotation according to the Cemetery Plan.
4. Where instructions are given to re-open a purchased grave, the Grant of Right of Burial Deed must be attached to this Notice. This will be returned, by post, after the interment has taken place.
5. A Certificate of Disposal must be handed to the Sexton before the interment, or scattering of ashes takes place.
6. Definition of the term resident:

For the PURCHASE of a Grant of Right of Burial, a resident is defined as:

* A person who, at the time of applying, has a permanent home address within the Borough.

For INTERMENTS a resident is defined as:

* A person who had resided at a private address within the Borough for 5 consecutive years immediately preceding the date of death OR
* A person who, at the time of death, resided in a residential or nursing home (or similar establishment) outside of the Borough for 3 years or less but had resided at an address within the Borough for the 5 consecutive years (or more) immediately preceding moving to the residential home OR
* A person who had resided within the Borough for 5 consecutive years (or more) but had within the last 6 months immediately preceding the date of death moved from the Borough.

1. To be completed in the case of a lost or mislaid grant:-

The grant made by the Oadby & Wigston Borough Council, or its predecessors, acting as the Burial Authority, to

(Name Of Purchaser)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of a grave in Oadby Cemetery

being No. \_\_\_\_\_\_\_\_\_\_\_\_\_ in Section \_\_\_\_\_\_\_\_\_\_\_\_\_\_ having been mislaid or lost, and I (Name of present Deed

holder) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the present owner of the of this grave, require the said grave

to be opened for the Interment of (Name of Deceased)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (Name of present Deedholder)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of (address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby UNDERTAKE AND AGREE that Oadby and Wigston Borough Council, or its successors, shall not suffer any

loss by reason of the non-production of the before mentioned Grant, or the allowing of the said grave to be opened,

and INDEMNIFY the said Borough Council against such loss or any claim, demand or expense arising from such

grave being opened without the production of the said Grant.

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to deceased (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Protection statement**

The Council will process and store your data in accordance with the Data Protection Act 2018 and within the General Data Protection Regulations.

The personal data provided within this form will be used for the purpose of this request and we will not use the data for any other purpose. We may, where necessary, share your data with another department or with a third party organisation for the purpose of providing you with the service that has been requested. Full details of whom and where we may send data can be found on the departments privacy notice. These are available for inspection at: [www.oadby-wigston.gov.uk/pages/privacy](http://www.oadby-wigston.gov.uk/pages/privacy)