



MAP REF:

AREA:

NOTICE OF INTERMENT SERVICE FORM FOR ADDITIONAL SET OF ASHES

Please scan and email to info@oldparkmeadow.co.uk as soon as all information is available and **at least 3 working days before the funeral date**. Please ensure you include a copy of the Cremation Certificate for the additional set of ashes.

DAY & DATE of ASH INTERMENT / BURIAL: **TIME:**

FULL NAME OF DECEASED:

DECEASED DETAILS OF ADDITIONAL SET OF ASHES

Full Name:

Address:

..... Postcode:

Date of Death: Place of Death: Age:

Where Death Registered: Certificate Received? Yes / Copy attached

APPLICANT DETAILS

I, THE UNDERSIGNED, being the : *Owner / Executor of Owner / Next of Kin*, exercise the exclusive rights of burial in plot no *(to be completed by OPM)* and hereby authorise the opening of the grave for the purpose of the interment of the ashes of the Deceased named above. I also agree to adhere to the Rules and Terms & Conditions of Old Park Meadow (a copy of which is available on our website.)

Dated the Day of 20.....

Signature of applicant:

Applicant Full Name:

Applicant Address:

..... Postcode:

Telephone: Email: Relationship to deceased:

GRANT OF EXCLUSIVE RIGHT OF BURIAL MUST BE SUBMITTED WITH THIS AUTHORISATION

Deed to be in the name of:.....

Who has the right of ownership once the plot is fully occupied?

Old Park Meadow is a controller of personal data under the General Data Protection Regulation. We will only use your personal information for the purpose it was provided.



FUNERAL DIRECTOR DETAILS

Company: Branch: Contact :
Tel No: Email:

PLOT DETAILS

Area: Wildflower Meadow / Spring Corner / Bluebell Wood / Water’s Edge

Cost of additional set of ashes:

BIOGRADABLE URN / CONTAINER DETAILS

Every container must be biodegradable including the name plate. It is very important that you provide us with ACTUAL MEASUREMENTS of the container. Please provide measurements in inches.

Shape: (please provide a description or attach an image)

Material: Wood / Wicker / Willow / Cardboard / Seagrass / Paper / Other

Length: Width: Height (from base to lid):

Who is bringing the ashes? Funeral Director / Applicant

PAYMENT

Invoice to: Funeral Director / Applicant

Payment Type: Bank Transfer / Debit Card / Credit Card

Bank Details: Sort Code 20-97-40 Account Number: 73904296

Where did you hear about us?
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Full payment must be received and cleared before any interment can take place.

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