

MAP REF:
AREA:

NOTICE OF INTERMENT SERVICE FORM FOR BURIAL

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 Green Certificate.

DAY & DATE:TIME:
DECEASED DETAILS
Full Name:
Address:
Date 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 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
Signature of applicant:
Applicant Full Name:
Applicant Address:
Postcode:
Telephone: Email:
Relationship to deceased:
THE 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	<u>S</u>
Area: Wildflower Meadow /	Spring Corner / Bluebell Wood / Wate	er's View
Burial Plot Cost:	Grave Preparation	& Administration Fee:
Additional plots are availabl	e to pre-purchase.	
	COFFIN DETAIL	<u>LS</u>
you provide us with accurat	te measurements especially when an	lo embalming is allowed. It is very important that unusual coffin is used. We shall add additional of the coffin rather than grave measurements.
Shape: Casket / Traditional	Coffin / Half Round / Round at Both Er	nds / Other
Manufacturer:		
Material: Wood / Wicker / \	Nillow / Cardboard / Seagrass / Linen	Shroud / Other
	ceeding 2m (6ft 6") in length or 65cm	ngs, handles etc), please provide measurements in (26") in width will incur a £150.00 surcharge to
Length:	Depth:	
Width at head:	Width at shoulder:	Width at foot:
Signed by Funeral Director:		
, , ,	· ·	e correct coffin dimensions. Old Park Meadow ave size if digging to the above measurements.
Use of Cart/Bier: Yes/No		
	<u>PAYMENT</u>	
Invoice to: Funeral Director	/ Applicant	
Payment Type: Bank Transfe	er / Debit Card / Credit Card	
Bank Details: Sort Code 20-9	97-40 Account Number: 73904296	Where did you hear about us?
Full payment must be rectake place.	ceived and cleared before any inte	erment can

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