HARLINGTON CEMETERY - INTERMENT NOTICE

Clerks Office, Church Road, Harlington, Beds LU5 6LE
Tel 01525 875933 email Clerk@harlington-PC.gov.uk

FEE	PLOT	
	LETTER(S)	NUMBER

DECEASEDS DETAILS

FULL NAMES OF DECEASED				
Date of Initial Enquiry				
Date of Death				
Age Last Birthday				
Marital Status				
If under 16 years of age - Full names of parents				
Usual residence of deceased				
If residential care, please give last home address and date of moving				
Address where death occurred				
Day and date of funeral requested. Must be agreed with HPC	Date	**Preferred times between 10am and 2pm**	Time of arrival	Time of interment
Grave digger confirmed attendance				
Minister/Officiant				

Coffin	Casket	Ashes Casket	Other	SIZE (inches) - Exact lid and depth		
				L	W	D

APPLICANTS DETAILS

Name and address of person applying for funeral (next of kin/Relative)	**Relationship to deceased**
Tel	**Signature of applicant**
Email	

FUNERAL DIRECTOR DETAILS

Funeral Director (The Company Name)	**Address**
Funeral Director (Contact Name)	
Tel	**Email**

NOTICE OF BURIAL

FOR NEW GRAVES/PLOTS ONLY

Description of grave space required (**Tick as appropriate**)

Full Body Burial - **LAWN BURIAL**			SINGLE			DOUBLE
Full Body Burial - **NATURAL/GREEN BURIAL**			SINGLE		NOT PERMITTED	
For **CREMATED REMAINS**			SINGLE			DOUBLE

Full names and address of person to whom the exclusive right to be granted	IF EROB HELD COMPLETE BELOW	
	EROB no	
	EROB date	
	Section	
	Number	

Signed - Funeral Director or Next of Kin if direct

Do the family wish to reserve the adjacent grave/plot YES / NO

IF yes, is this -

Full Body Burial - **LAWN BURIAL**			SINGLE			DOUBLE
Full Body Burial - **NATURAL/GREEN BURIAL**			SINGLE		NOT PERMITTED	
For **CREMATED REMAINS**			SINGLE			DOUBLE

FOR RE-OPENING OR 1st OPENING OF RESERVED GRAVE OR PLOT

Section and Number	Name and address of grantee
EROB number	
Open to (depth)	
Name and date of last burial	

REMEMBER TO COMPLETE INDEMNITY FORM ON FOLLOWING PAGE

TENDING AND CARE OF THE GRAVE

THE APPLICANT MUST SIGN THE FOLLOWING

We understand that you may wish to tend the grave. The following regulations are in place to ensure the Harlington Garden Cemetery is maintained for all to appreciate the tranquillity and reflect on loved ones in peace.

* I fully understand that no planting or edging of any kind is permitted, with the exception of a LAWN grave, when the planting of early spring bulbs of crocus and snowdrop can be planted on graves within the first 12 months of interment and within the grave space. No planting after the first 12 months.
* No kerbs or loose stones, chippings, bark or mulch are permitted
* It will not be possible to place a bench beside the grave
* The only Lawn grave memorials allowed are headstones
* The only Natural/green grave memorials allowed are wooden with an engraving (no man made materials are allowed)
* The only cremated remains (ashes) memorials allowed are a square flat stone.
* Flowers can be placed within an integral flower container or garden base. Only loose (unwrapped) flowers may be placed on Natural/green graves. Lawn and Cremated remains memorials will ideally have provision for flowers.
* Any tokens not on the headstone base will be removed
* Any tokens encroaching on a neighbouring base will be removed
* Any glass or similar hazardous objects will be removed
* Withered flowers and wreaths may be removed by the Council if left.
* I am in receipt of the Harlington Garden Cemetery booklet available here https://harlington-pc.gov.uk/harlington-garden-cemetery/ and will adhere to the regulations therein

I agree to abide by the above

Signed _____ **Date** _____

Please note: Any family wishing to plant a tree as part of the Green Burial will need to liaise directly with the Parish Council as to exact positioning prior to the burial. The planting of trees will be restricted to the perimeter of the Cemetery and is also subject to space availability at that time.

RE-OPENING FORM OF INDEMNITY

NAME: (EROB HOLDER OR NEXT OF KIN) _____

ADDRESS: _____

_____

POST CODE _____

NAME OF DECEASED: _____

RELATIONSHIP TO DECEASED: _____

CEMETERY please indicate with a tick

Harlington Garden Cemetery ☐ Kincoln way ☐

PLOT NUMBER _____

I hereby consent to the re-opening of the above named plot in Harlington Garden Cemetery and request and authorise Harlington Parish Council to proceed with the granting of permission for the interment of my family member.

In consideration of them agreeing to do so, I hereby undertake to indemnify Harlington Parish Council in respect of any claims or demands that may be made at any time hereafter in connection with or arising out of such works.

SIGNED: _____

DATE: _____

WITNESSED BY FUNERAL DIRECTOR: _____