

MILTON PARISH COUNCIL

Parish Council Office, Coles Road, Milton, Cambridge, CB24 6BL. Telephone: 01223 861447. Email: <u>clerk@miltonvillage.org.uk</u>. Website: <u>www.miltonvillage.org.uk</u>

INTERMENT BOOKING FORM

For Milton Parish Cemetery, Landbeach Road, Milton, Cambridge

To be completed by a Funeral Director/Undertaker to make a booking on behalf of an Applicant who wishes to arrange a funeral in Milton Parish Cemetery.

IMPORTANT: By completing this application both Funeral Director/Undertaker and Applicant confirm they have read and agree to comply with all the Milton Parish Cemetery Policy and Regulations.

Section 1. Booking Details

Funeral Director/Undertaker

| Company Name | |
|------------------------------|--|
| Main contact name | |
| Address (including Postcode) | |
| Telephone Number | |
| • | |
| Email address | |

Applicant

Deceased

| Full Name | | | |
|---|------|-----|--|
| Date of Birth | | | |
| Date of Death | | | |
| Place of Death | | | |
| Status at time of death (married, single, widow, other) | | | |
| Gender (optional) | | | |
| Faith | | | |
| Was deceased a still-born child | YES: | NO: | |

Section 2. Type of plot required – tick

| Which area Cemetery re layout map | of the equired – see | Lawn | | Tra | ditional | | Ashes | |
|---|-------------------------|--------------|----|-----|---------------|-----------|-------|--|
| Is the plot all deceased? | ready reserved | d for the | YE | S | | | NO | |
| If YES | Plot Numbe | r (if known) | | | Date of Booki | ng (if kn | own) | |

Section 3. Reserving a plot - tick

| Do you wish to reserve the adjacent plot at this time | YES | | NO | | | |
|---|-------|-------------------------|----------------|--|--|--|
| Details of person for which plot is being reserved * | Name: | Address (with postcode) | Tel: Email: | | | |
| *To reserve plot please provide residency criteria for this person as detailed in Section 4 | | | | | | |

Section 4. Milton Residency Qualifications for the Deceased

Eligibility Status of Deceased to be buried in Milton Cemetery

| Resident | If YES go to Section 4.1 |
|---|--------------------------|
| Resident Minor | If YES go to Section 4.2 |
| Former resident now living in a care home or other supervised | If YES go to Section 4.3 |
| accommodation or serving military personnel. | |
| Have proof of previous historic residency data | If YES go to Section 4.4 |

Section 4.1 Resident

| Full Address (with Postcode) | | | |
|--|-------|-----|--|
| Date the deceased lived at the address? | From: | To: | |
| Copy of Council Tax Bill attached | YES: | NO: | |
| Copy of Utility Bill attached | YES: | NO: | |
| Copy of Electoral Register data attached | YES: | NO: | |

Section 4.2 Resident Minor (under 18)

| Full Address (with Postcode) | | | |
|--|-------|-----|--|
| Dates the deceased lived at the address? | From: | To: | |
| Copy of Council Tax Bill for parent/guardian | YES: | NO: | |
| Copy of Utility Bill for parent/guardian | YES: | NO: | |
| Copy of Electoral Register data for | YES: | NO: | |
| parent/guardian attached | | | |

Section 4.3 Former resident living in care home or other supervised accommodation or serving military personnel.

| Former Milton Address (with Postcode) | | | |
|--|-------|-----|--|
| Dates the deceased lived at the address? | From: | To: | |
| Copy of Council Tax Bill attached | YES: | NO: | |
| Copy of Utility Bill attached | YES: | NO: | |
| Copy of Electoral Register data attached | YES: | NO: | |

Section 4.4 Proof of Milton Residency

The Funeral Director/Undertaker to provide **any** data to show deceased was previously resident in Milton such as Council Tax Bills, Utility Bills, Electoral Register data or any other relevant information

All information will be considered by Milton Parish Council and the outcome given to the Funeral Director/Undertaker.

NOTE: EXPECT A DELAY WHILST THIS CLAIM IS CONSIDERED. UNTIL THE OUTCOME HAS BEEN GIVEN DO NOT BOOK ANY FUNERAL ARRANGEMENTS.

Section 5. Details of the service and burial

| Venue of Funeral Service | |
|--------------------------|-------|
| Date: | Time: |
| Conducted by: | |

| Type of Vessel – tick as appropriate | Coffin | Urn | Other: |
|---|---------|-----|--------|
| Size of vessel | Width: | | |
| | Length: | | |
| Vessel Material | | | |
| NOTE: WOOD OR BIO-DEGRADABLE MATERIAL ONLY NO METALS | | | |
| Position of vessel (if applicable) | | | |
| The position of the vessel within the grave space is to be | | | |
| determined between the applicant and the Funeral Director. Note: Milton Parish Council has no responsibility for the placements of | | | |
| the vessel and will not record this within the Cemetery register | | | |
| | | | |
| | | | |
| Special Requirements | | | |
| Detail any other information about the burial. Eg., Horse drawn | | | |
| vehicles, additional vehicles, number of mourners expected or | | | |
| other details that Milton Parish Council should be made aware of. | | | |
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Section 6. Confirmation

We confirm that the details supplied in this Booking Form are correct and that we have read and understood the Milton Parish Cemetery Policy and Regulations and have signed a copy agreeing to comply with them.

| Applicant's Signature | .Print Name | Date |
|------------------------------|-------------|-------|
| | | |
| Funeral Director's Signature | Print Name | .Date |
| | | |

The Booking form, with payment, must be completed and returned to the Milton Parish Council Office with any supporting documentation to secure the booking. Completed forms can be emailed to clerk@miltonvillage.org.uk

Please ensure this form and all other supporting documentation reaches Milton Parish Council Office no late than 4 working days prior to the interment date. Do not book any funeral arrangement until the date for interment has been confirmed by Milton Parish Council Clerk.

| Plot Number | | | |
|------------------|-----------------------------|----------------------------|--------------------------|
| | | | |
| | Do | cument check for decease | ed |
| Document check f | for residency criteria 4.1, | 4.2 or 4.3 approved by the | Clerk or Assistant Clerk |
| Sign: | Print: | Capacity: | Date: |
| Document check f | for residency criteria 4.4 | approved at a meeting of M | PC |
| Sign: | Print: | Capacity: | Date of meeting: |
| | Docu | ment check for reserved | plot |
| Document check f | for residency criteria 4.1, | 4.2 or 4.3 approved by the | Clerk or Assistant Clerk |
| Sign: | Print: | Capacity: | Date: |
| Document check | for residency criteria 4.4 | approved at a meeting of M | PC |
| Sign: | Print: | Capacity: | Date of meeting: |
| Total Charges | Amount £ | Date pai | d |
| | | | |
| | | | |
| | | | |

Booking accepted and approved.

| Signed: | ed: Print name: | | Capacity: | Date: | | | |
|--|-----------------|-------|-----------|-------|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Details of Interment as agreed with the Funeral Director | | | | | | | |
| Date: | | Time: | | | | | |
| | | | | | | | |