

# **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.			

#### 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:					