



EAST GRINSTEAD TOWN COUNCIL - MOUNT NODDY CEMETERY

NOTICE OF INTERMENT – EARTHEN BURIAL

Full name of deceased: _____

Place at time of death: _____

Usual residence: _____

Date of death: _____ Age: _____

Occupation/Profession and if Retired: _____

Date and time of Interment: _____

Time and Place of Service: _____

Name and address of Minister: _____

Depth of Grave: 5ft _____ 7ft _____ 8ft _____ Interment: 1st _____ 2nd _____ 3rd _____

Grave Number: _____ Section: _____ Consecrated/Unconsecrated Private/Common

Coffin size: Length _____ Max Width _____ Min Width _____ (outside measurement of lid)

Shape (please tick): Coffin ☐ Casket ☐ Other ☐ (please include description)
Other: _____

If grave is to be purchased, give FULL name & address of purchaser: _____

Telephone Number: _____ E-mail: _____

For burial in existing grave spaces only

I confirm that I am the Deed Holder to this grave space and the deed number is: _____

Signature of Deed Holder: _____

Name & Address of Deed Holder: _____

Telephone Number: _____ E-mail: _____

I have received and read a copy of the Rules and Regulations relating to the interment of Mount Noddy Cemetery and agree to abide by these.

Signature of Deed Holder: _____ Date: _____

Name and Address of Funeral Director: _____

Bank Transfer to:
East Grinstead Town Council
Account Number: 72733837
Sort Code: 60-07-17

or Cheque payable to:
East Grinstead Town Council