



**EAST GRINSTEAD TOWN COUNCIL**

**MOUNT NODDY CEMETERY**

**NOTICE OF INTERMENT OF CREMATED REMAINS**

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: \_\_\_\_\_

\_\_\_\_\_

Name and address of Minister: \_\_\_\_\_

\_\_\_\_\_

Garden of Remembrance Plot No: \_\_\_\_\_ or Grave No: \_\_\_\_\_ Section: \_\_\_\_\_

***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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***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.***

Date: \_\_\_\_\_

Name and Address of Undertaker: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FEES**

Interment of

Ashes: £

Deed Purchase £

Total: £

**For Official Use**

Receipt No: \_\_\_\_\_

Burial Notice No: \_\_\_\_\_

Burials Index: \_\_\_\_\_

**Cheque payable to: East Grinstead Town Council**

