**Telephone: 01522 703 912**

**Email: burials@saxilbyparishcouncil.gov.uk**

**Website: www.saxilbyparishcouncil.gov.uk**

St. Andrews Community Centre

William Street

Saxilby

Lincoln

LN1 2LP

**Saxilby with Ingleby**

**Parish Council**



**Saxilby Cemetery**

**Notice of Interment**

Date of interment

Time of interment:

Type of Plot required (delete one): Ashes Burial

Size of Plot required (delete one): Single Double (Ashes) or side by side

Type of grave: New Existing

\*If existing grave, please provide grave number and Certificate number for Certificate of Exclusive Right of Burial (if applicable).

Name of Deceased: ………………………………………………………………….……

Age: ……………………………………………………………………….

Date of Death: …………………………………………………………………….…

Place of Death: ………………………………………………………………….…….

Last Residence\*: ……………………………………………………………….………

 ……………………………………………………………….………

Town: ……………………………………….

Post Code: ……………………………………….

\* A surcharge of 100% will be applied to the fees for non-residents of the Parish of Saxilby with Ingleby

Applicant Full Name: ………………………………………………………………………

Relationship to Deceased: ………………………………………………………………….

Address: ………………………………………………………………………

 ………………………………………………………………………

Town: ……………………………………….

Post Code: ……………………………………….

Contact Number: …………………….. (h) ……………………….. (m)

E-Mail address: …………………………………………………….

**I agree to abide by the prevailing rules and regulations for Saxilby cemetery. (A copy is available on the Council website and can be issued on request).**

Signature: …………………………………………………….

\*Please note that all living owners of a pre-purchased plot must sign to give permission for interment

Coffin/Casket/urn dimensions:

Length: ……………………………………………………………………………..

Width: ……………………………………………………………………….…….

Height: …………………………………………………………………….……….

\*Please note that an oversize/American casket will attract an additional fee

Funeral Director: …………………………………………………………………………..

Contact Name: …………………………………………………………………………..

Telephone: …………………………………………………………………………

Email: …………………………………………………………………………..

Signed (Funeral Director):

 Or Applicants signature: ……………………………………………..

Date: ……………………………………………..

Please make payments to: Saxilby with Ingleby parish Council

Account no: 65341416 Sort Code: 08-92-99

 Please use Surname as the reference or invoice number if known

<https://saxilby-ingleby.parish.lincolnshire.gov.uk/council-business/burials/1>

Contact: Assistant Clerk – Zarina Belk