



Telephone: 01522 703 912  
 Email: [clerk@saxilbyparishcouncil.co.uk](mailto:clerk@saxilbyparishcouncil.co.uk)  
 Website: [www.saxilbyparishcouncil.gov.uk](http://www.saxilbyparishcouncil.gov.uk)

## Saxilby Cemetery Notice of Interment

St. Andrews Community Centre  
 William Street  
 Saxilby  
 Lincoln  
 LN1 2LP

Date of interment: .....  
 Time of interment: .....

Type of Plot required (delete one):           Lawn           Ashes  
 Size of Plot required (delete one):           Single         Double

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

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): .....

Date: .....