




**Council Offices**  
**Tonbridge Castle**

Tonbridge  
Kent TN9 1BG

West Malling (01732) 844522  
Fax: 01732 770449

**APPLICATION FOR INTERMENT AT TONBRIDGE CEMETERY**  
**INTERMENT/SCATTERING OF ASHES**

FULL NAME OF DECEASED	AGE DATE OF BIRTH																																																
PLACE WHERE DEATH OCCURED																																																	
LAST RESIDENCE OF DECEASED																																																	
DATE OF DEATH																																																	
INTERMENT TO BE HELD	DAY																																																
	DATE																																																
	TIME																																																
NAME OF MINISTER (if any)																																																	
IS CEMETERY CHAPEL REQUIRED	YES <input type="checkbox"/> NO <input type="checkbox"/>																																																
PRE-PURCHASED <input type="checkbox"/>	ALLOCATED <input type="checkbox"/> SELECTED <input type="checkbox"/>																																																
	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">ACTUAL DIMENSIONS OF COFFIN/CASKET</th> <th rowspan="2">GRAVE DEPTH</th> <th rowspan="2">METHOD</th> <th rowspan="2">COFFIN</th> <th rowspan="2">CASKET</th> <th rowspan="2">URN</th> </tr> <tr> <th>LENGTH</th> <th>WIDTH</th> <th>DEPTH</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">NEW SOLID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left;">RE-OPEN</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left;">CHILD/BABY</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left;">CREM REMAINS</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		ACTUAL DIMENSIONS OF COFFIN/CASKET			GRAVE DEPTH	METHOD	COFFIN	CASKET	URN	LENGTH	WIDTH	DEPTH	NEW SOLID									RE-OPEN									CHILD/BABY									CREM REMAINS								
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FUNERAL DIRECTOR	Signature:																																																
<u>SPECIAL REQUESTS</u>	Date:																																																
<p>Music: Please note that the Cemetery Registrar requires 24 hours notice if you have specific requests for music. If own tapes/CDs are to be played, these must be delivered to the Cemetery Office 24 hours in advance of the interment.</p> <p>Details:</p>																																																	
 <b>INVESTOR IN PEOPLE</b>																																																	

**APPLICATION FOR THE PURCHASE OF THE EXCLUSIVE RIGHT OF BURIAL**

If the grave is to be purchased, the name and address of the person in whose name the **DEED OF GRANT** of exclusive rights of burial should be executed.

Full Christian and Surname: .....

Address: .....

..... Tel No: .....

Relationship to deceased: .....

I undertake to abide by the Council's regulations applicable to the cemetery in force from time to time.

Signed: \_\_\_\_\_

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

**CERTIFICATE OF AUTHORISATION FOR THE DISPOSAL OF ASHES**

I \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ (full name/address/tel no:)

The \_\_\_\_\_ (relationship) of the deceased, details of whom are given overleaf, hereby authorise you to:-

- |   |                          |             |
|---|--------------------------|-------------|
| (a) Inter the ashes in the Memorial Garden    | <input type="checkbox"/> | Please tick |
| (b) Inter the ashes in the Memorial Wall Plot | <input type="checkbox"/> | box as      |
| (c) Scatter the ashes in the Rose Garden      | <input type="checkbox"/> | appropriate |

for the interment of the deceased.

I hereby undertake to hold Tonbridge and Malling Borough Council, their servants and agents, harmless and indemnified against all actions, proceedings, claims and demands, costs, damages and expenses which may be brought against them or which they may pay, sustain or incur by reason of the disposal of the said ashes by this authority and undertake to abide by the Council's regulations applicable to the cemetery in force from time to time.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**CERTIFICATE OF AUTHORISATION**

I \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ (full name/address/Tel No:) believe that the above be in accordance with the wishes of the deceased and I have the authority to carry them out.

I hereby authorise you to re-open Grave No. \_\_\_\_\_ for the interment of the deceased.

I hereby undertake to hold Tonbridge and Malling Borough Council, their servants and agents, harmless and indemnified against all actions, proceedings, claims and demands, costs, damages and expenses which may be brought against them or which they may pay, sustain or incur by reason of the disposal of the said grave having been re-opened under this authority and undertake to abide by the Council's regulations applicable to the cemetery in force from time to time.

Signed \_\_\_\_\_

Date \_\_\_\_\_