

LRC Burial Services

Notice of Interment at Llanelli District Cemetery

This notice is to be delivered between the hours of 9:00 a.m. and 4:00 p.m., Monday to Friday at the office of the Llanelli District Cemetery, Swansea Road, Llanelli, giving at least TWO CLEAR DAYS notice of the burial.

No interment can take place on Saturdays, Sundays, Good Friday, Christmas or Bank Holidays, except in cases of emergency which are duly certified by a medical practitioner.

Hours of Interment:

Monday to Thursday
Friday

09:00 to 14:30
09:00 to 14:00

DETAILS OF DECEASED PERSON: (Full particulars MUST be completed)

1. Surname: _____
- 1a. Forename(s): _____
- 1b. Maiden name (if applicable): _____

2. Address: (a) normal residence: _____
 _____ Post code: _____
 (b) where death occurred: _____

3. Age of Deceased: _____ 4. Date of Death: _____

5. Day and date of funeral: _____

6. Time of arrival at Cemetery: _____ 7. Use of Cemetery Chapel

8. Class of Grave: New Grave Re-opening of existing grave

 _____ Cremated Remains

9. Name of Officiant: _____

10. Coffin size: Length: Width: Depth:
(External measurements)

MUST ALWAYS BE COMPLETED

OFFICE USE ONLY

Grave Transfer List Updated		Grave reference allotted	
Main Register		Service provision	
Section Book		Amount received and cheque no.	
BACAS		Invoice Number	
Grave / plot status		Grant Number	
		Burial Number	

DETAILS OF PERSON APPLYING FOR INTERMENT

Title _____ Surname: _____

Forename(s): _____

Address: _____

Post Code: _____ Telephone number: _____

Relationship to Deceased: _____

I have received the Information Sheet from the Funeral Director:

Signed: _____ Date: _____

MUST ALWAYS BE COMPLETED

GRAVE OWNER(S) (The Owner(s) should be the spouse or closest next of kin)

If the new grave owner details are the same as above please tick box and use this section for additional owners

Title _____ Surname: _____ Forename(s): _____

Address: _____

Post Code: _____ Telephone number: _____

Reason why ownership should be in this name: _____

Signed: _____ Date: _____

Title _____ Surname: _____ Forename(s): _____

Address: _____

Post Code: _____ Telephone number: _____

Reason why ownership should be in this name: _____

Signed: _____ Date: _____

..... COMPLETE FOR NEW GRAVE / GARDEN OF REMEMBRANCE ONLY

NEW GRAVE REQUEST

**Note: Maximum number of interments permitted in grave is 3 for Lawn Section and 3 for Traditional Section.
(In all sections request for grave for 3 interments is dependant on prevailing ground conditions)**

***Please tick relevant boxes:**

New Purchase * Reserved Grave * Baby Grave

Depth required * 2 3 (* Please circle depth required)

Type of Grave Required: Lawn Section * Traditional Section (Section 10) *

Garden of Remembrance ** (**A Certificate of Cremation **MUST** be produced with the Application)

Exclusive Right of Burial for Lawn, Traditional & Woodland Sections: Full Grave
30 years* **or** 50 years*
I understand the conditions regarding Lawn Garden and Traditional sections, in particular the restrictions on memorials
Signed

Exclusive Right of Burial for Garden of Remembrance
30 years* **or** 50 years*
I understand the conditions regarding Garden of Remembrance sections, in particular the restrictions on memorials
Signed

New Baby Section Grave
Exclusive Rights of Burial for 30 years will be issued for this single baby grave and I understand the conditions regarding the Baby Section, in particular the restriction on memorials.
Signed

RE-OPENING OF GRAVE

Section: Row: Number:

Name of last interred: _____

Address of last interred: _____

Date of last interment: _____ Grant No: _____

Relationship of last interred to deceased: _____

AUTHORISATION: *(if this section is not correctly signed the burial will be delayed).*

I, _____ *(Please print name)*

Delete as required:

- a) being the owners of the grave
- b) being the applicant for the interment
- c) being the proposed new owner of the grave

and having produced the deeds to the grave and / or having completed the Statutory Declaration hereby giving permission for the above-mentioned grave to be re-opened and any masonry to be removed.

Signed _____ Date: _____

DETAILS OF FUNERAL DIRECTOR

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

I, _____ being the Funeral Director, acting on behalf of the person(s) making these arrangements confirm that I have discussed in detail with my Client/s and advised them of the Cemetery Regulations with particular emphasis to the memorials permissible on any given burial section within the Llanelli District Cemetery. I have handed a copy of the information notes to the Applicant / Grave Owner.

IT IS THE RESPONSIBILITY OF THE FUNERAL DIRECTOR TO ASCERTAIN, AND ENSURE THE REMOVAL OF ANY MONUMENTAL MASONRY, AFTER INITIAL BOOKING HAS BEEN MADE AND BY THE TIME THIS FORM IS SUBMITTED TO THE CEMETERY ADMINISTRATION OFFICE

Name of Memorial Mason: _____

I understand that if this form is incorrectly completed and / or not submitted to Llanelli District Cemetery NO LATER THAN 09:30 a.m. TWO WORKING DAYS PRIOR TO INTERMENT the RESERVATION WILL BE CANCELLED and the Funeral delayed.

Signed: _____ Print Name: _____ Date: _____

→ COMPLETE FOR RE-OPENING OF GRAVE OR GARDEN OF REMEMBRANCE ←

→ ----- MUST ALWAYS BE COMPLETED ----- ←

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