

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: _____

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MUST ALWAYS BE COMPLETED
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PROPOSED VAULT OWNER(S) (The Owner(s) is normally the spouse or closest next of kin)

If the new vault 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: _____

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..... COMPLETE FOR NEW VAULT ONLY

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NEW VAULT REQUEST

Note: Maximum number of interments permitted is 2 standard caskets.

The Exclusive Rights of Burial are granted for a standard 30 year period. At the end of the grant period the lease holder will be offered the opportunity to renew the lease. If they do not wish to renew the lease the vault will be returned to the ownership of LRC Burial Services and the cremated remains returned to the family or scattered within the cemetery grounds if required.

I confirm that I have read the above conditions regarding the lease of the vault and wish to purchase a lease for a 30 year period.

Signed: _____ Date: _____

RE-OPENING OF VAULT

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 interment will be delayed).*

I, _____ *(Please print name)*

Delete as required:

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

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 on the terms of the Exclusive Rights of Burial. I have handed a copy of the information notes to the Applicant/Vault Owner.

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: _____ Name: _____ Date: _____



COMPLETE FOR RE-OPENING OF VAULT



MUST ALWAYS BE COMPLETED

