# LRC Burial Services

## NOTICE OF VAULT 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 Lanelli District Cemetery, Swansea Road, Llanelli, giving at least TWO CLEAR DAYS notice of the interment.

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 Vault Interment:

Monday to Thursday Friday 09:00 to 15:00 09:00 to 14:30

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### **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:	MUST ALWAYS
3.	Age of Deceased: 4. Date of Death:	WAYS BE
5.	Day and date of funeral:	COM
6.	Time of arrival at Cemetery:       7. Use of Cemetery Chapel	COMPLETED
8.	Class of Vault: New Vault Re-opening of existing vault	D
9.	Name of Officiating Minister	
10.	Casket size: Length: Width: Depth:	
	(External measurements - maximum casket size permitted - 12 3/4" x 10 1/2" x 6")	1
	Name plate must be fixed to front face of casket	↑

#### **OFFICE USE ONLY**

	 Vault reference allotted	
Memorial Mason	 Service provision	
Main Register	 Amount received and cheque no.	
Section Book	Invoice Number	
BACAS	Grant Number	
Vault Status	Burial Number	

## DETAILS OF PERSON APPLYING FOR INTERMENT

	Surname:	
Post Code:		Tolonhono numbor:
Relationship to D	eceased:	
I have received	the Information Sheet from th	e Funeral Director:
Signed:		Date:
		wner(s) is normally the spouse or closest next of kin) ase tick box and use this section for additional owners
	Surname:	Forename(s):
Address:		
Post Code:		Telephone number:
Reason why own	ership should be in this name:	
Signed:		Date:
Title	Surname:	Forename(s):
Address:		
Post Code:		Telephone number:
Reason why own	ership should be in this name:	
Signed:		Date:
NEW VAULT	REQUEST umber of interments permitted is	
The Exclusive Ri	ghts of Burial are granted for a	standard 30 year period. At the end of the grant period the
		new the lease. If they do not wish to renew the lease the vau
		Services and the cremated remains returned to the family or

### **NEW VAULT REQUEST**

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:

<b>RE-OPENING OF</b>	F VAULT			
Section:	Row:		Number:	
Name of last interred	:			
Address of last interr	ed:			СОМ
Date of last intermen	t:		Grant No:	COMPLETE
Relationship of last ir	nterred to deceased:			FOR I
AUTHORISATION:	(if this section is not c	orrectly signed the inte	erment will be delayed).	RE-OP
l,			(Please )	print name)
	Delete as required:		of the vault nt for the interment ed new owner of the vault	print name)
	•••	he deeds to the vault a	and / or having completed	
Signad				
Signed			Date:	<b>↑</b>
• <u> </u>	NERAL DIRECTOR		Date:	T ↓
• <u> </u>	NERAL DIRECTOR			T
DETAILS OF FUI	NERAL DIRECTOR			T
DETAILS OF FUI Company Name:	NERAL DIRECTOR			T
DETAILS OF FUI Company Name:	NERAL DIRECTOR			
DETAILS OF FUI Company Name: Address:	NERAL DIRECTOR	Fax:		
DETAILS OF FUI Company Name: Address: Telephone: I,	NERAL DIRECTOR	Fax:	eral Director, acting on b	
DETAILS OF FUI Company Name: Address: Telephone: I, person(s) making th	NERAL DIRECTOR	Fax: being the Fun irm that I have discuss	eral Director, acting on b sed in detail with my Clie	
DETAILS OF FUI Company Name: Address: Telephone: I, person(s) making the them of the Cemete	NERAL DIRECTOR	Fax: being the Fun irm that I have discuss ticular emphasis on th	eral Director, acting on b sed in detail with my Clien te terms of the Exclusive	
DETAILS OF FUI Company Name: Address: Telephone: I, person(s) making th them of the Cemete Burial. I have hand I understand that if	NERAL DIRECTOR	Fax: being the Fun irm that I have discuss ticular emphasis on th ation notes to the Appl completed and / or not	eral Director, acting on b sed in detail with my Clien te terms of the Exclusive	ehalf of the nt/s and advised Rights of
DETAILS OF FUI Company Name: Address: Telephone: I, person(s) making th them of the Cemete Burial. I have hand I understand that if NO LATER THAN 05	NERAL DIRECTOR	Fax: being the Fun irm that I have discuss ticular emphasis on th ation notes to the Appl completed and / or not	eral Director, acting on b sed in detail with my Clie te terms of the Exclusive licant/Vault Owner.	ehalf of the nt/s and advised Rights of

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