



Bereavement Services

Application for Garden of Remembrance Interment – Exwick Cemetery

This application must be delivered to Bereavement Services, Community & Environment Directorate, Exeter City Council, Paris Street, Exeter, EX1 1RQ, Tel. 01392 265707, Fax. 01392 265795.

No later than noon 3 working days prior to interment

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|--|--|---|--|--|--|
| Area of Garden of Remembrance | | Strewing lawn & vase <input type="checkbox"/> | | Strewing lawn & scroll plaque <input type="checkbox"/> | |
| | | Desk vase tablet memorial area (DVT) <input type="checkbox"/> | | | |
| | | Rose Garden <input type="checkbox"/> | | Tablet <input type="checkbox"/> | |
| Urn required YES/NO | | Bio urn <input type="checkbox"/> | | Cardboard urn <input type="checkbox"/> | |
| Please state style and colour if required: | | | | | |
| Funeral Director | | | | | |
| Day, date & time of burial | | | | | |
| Full name of deceased | | | | | |
| Address | | | | | |
| | | | | | |
| | | | | | |
| Place where death occurred | | | | | |
| Date of death | | Age | | | |
| Type of biodegradable urn * | | | | | |
| Size (in inches) | | Length | | Width | |
| | | | | Depth | |
| Religious denomination | | Graveside service to be held | | YES / NO | |
| Officiating Minister | | Number of grave | | | |
| Occupation (prior to retirement) | | | | | |

* All urns within the Garden of Remembrance must be biodegradable

Inscription for memorial:

The following information is provided as an approximate guideline to help you consider your memorial inscription. The number of letters suggested is based on the size of the memorial, lettering to be used and to allow room for a second inscription:

- ❖ Strewing lawn vase – up to 30 letters
- ❖ Strewing lawn scroll plaque – up to up to 50 letters
- ❖ Desk vase tablet (DVT) – up to 80 letters
- ❖ Rose garden heart plaque – up to 50 letters
- ❖ Tablet – up to 80 letters

(PLEASE PRINT)

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This application will be faxed over to Orchard Memorials as our partner for the Exwick Cemetery Garden of Remembrance and who will contact you with regards to the applicable memorial and inscription/additional inscription.

Section A New grave

I would like to purchase the Exclusive Rights of Burial for **10 / 30 / 50** years (please delete as applicable). I have been given and have read Exeter City Council's leaflet "Exclusive Rights of Burial".

Signed _____ Date _____

Full name _____ Mr/Mrs/Ms/Miss/Other (delete as applicable)

Address _____

_____ Post Code _____

Email _____ Telephone number _____

Relationship to deceased _____

Section B Previously purchased grave to be opened

To be completed by the grave owner or their next of kin where the deceased is the grave owner.

Please open grave number _____ at _____ Cemetery

For the interment of _____

I am the registered owner of the grave / next of kin / executor of the owner (delete as appropriate)

If none of the above please state your relationship to the deceased grave owner _____

Signed _____ Date _____

Full name _____ Mr/Mrs/Ms/Miss/Other (delete as applicable)

Address _____

_____ Post Code _____

Email _____ Telephone number _____

N.B. Exeter City Council can only authorise the opening of a purchased grave with the permission of the owner or to inter the owner. In all other cases ownership must be transferred to someone who can legally prove that they are entitled to receive these ownership rights. Whilst the Council will offer all assistance in establishing the means of transfer, responsibility remains with the funeral arranger to have clarified this matter before booking.

In accordance with our responsibility under the Data Protection Act, you should be aware that the personal information you are giving will be held and may be passed to other services of the Council, so that you are provided with the best possible support.

We will not pass your personal information to external individuals or organisations, with the exception of Orchard Memorials who are our partner, unless there is a legal obligation to do so. If you do not want your information passed to other services of the Council please let us know by putting a tick in the box

| Fees | | Details of Funeral Director / Arranger |
|----------------|--|--|
| GOR package | | |
| Receipt number | | |