

Please complete this application after you have made a booking by telephoning 01707 357000. The application must be completed in full and received by the council at least three working days prior to the booking date.

**Funerals may be delayed if this form is incomplete.**

## BURIAL APPLICATION FORM

### BURIAL SITE AND CHOICE OF BURIAL

Tick as appropriate:

**The Oak Hill Cemetery**  
(Southway, Hatfield)

**Full burial**  
(Direct to grave)

**Full burial**  
(With Chapel)

**Burial of cremated remains**  
(Direct to grave)

**Memorial only**

**Hatfield Hyde Cemetery**  
(Hollybush Lane, Welwyn Garden City)

**Full burial**  
(Direct to grave)

**Burial of cremated remains**  
(Direct to grave)

### DETAILS OF DECEASED

Day:	Date: / /	Time (including am or pm):
Surname of the Deceased:	Forenames of the Deceased:	Title (Miss/Mrs/Ms/Mr/other):
Date of Birth: / /	Date of Death: / /	Age:
Sex [tick as appropriate]: <input type="checkbox"/> Male <input type="checkbox"/> Female	Religious Denomination:	

Home address of the Deceased (including postcode):

Place of Death (if not at home):

**Proof of residency within Welwyn Hatfield Borough enclosed – please tick**  
(To obtain the local residents rates, proof of residency within Welwyn Hatfield Borough must be provided for new graves/plots)

### DETAILS OF SPECIFIC BURIAL / CHAPEL REQUESTS

[Tick if appropriate]:

**Horses**

**Family to backfill**

## DETAILS OF NEW GRAVE

### BURIAL PLOT OPTIONS – 75 year licence (Oak Hill Cemetery only) [tick as appropriate]:

<input type="checkbox"/> Lawn Private Grave	<input type="checkbox"/> Lawn Premium Grave	<input type="checkbox"/> Half Grave (Baby/ Infant Grave and Ashes)	<input type="checkbox"/> Lawn Islamic Grave
<input type="checkbox"/> Mausoleum (top and bottom crypt)	<input type="checkbox"/> Premium Mausoleum (middle crypt)	<input type="checkbox"/> Lawn Public Grave (no deed provided)	<input type="checkbox"/> MG – Memorial Garden (50 year licence)

### BURIAL PLOT OPTIONS (Hatfield Hyde Cemetery only) [tick as appropriate]:

<input type="checkbox"/> MG – Memorial Garden (50 year licence)	<input type="checkbox"/> Memorial Garden Kerb (10 year licence)
--	--

### DEPTH OF GRAVE [tick as appropriate]:

<input type="checkbox"/> Treble (8ft)	<input type="checkbox"/> Double (6ft 6in)	<input type="checkbox"/> Single (5ft)	<input type="checkbox"/> Shallow Grave
<input type="checkbox"/> Cremated remains (in container) (2ft)	<input type="checkbox"/> Cremated remains (buried loosely)		

### CONTAINER DETAILS [tick as appropriate]:

<input type="checkbox"/> Coffin	<input type="checkbox"/> Casket	<input type="checkbox"/> Cremated remains container
---------------------------------	---------------------------------	---

**SIZE:** Length (feet & inches)  Width (inches)  Height (inches)

**NOTE:** Please don't forget to include the handles in your width size

I verify that the size of container is correct – please tick

### DETAILS OF LICENCE HOLDER:

Title:	Forename(s):	Surname:
--------	--------------	----------

Address (including postcode):

Telephone:	Email:
------------	--------

In being granted the Exclusive Right of Burial/Licence, I hereby agree to abide by the cemetery rules and I am aware that no form or memorials, other than that prescribed under the council's cemetery regulations will be placed on the purchased grave. I also acknowledge that any unauthorised item(s) will be removed from the grave space. Upon payment of the necessary fee, the item will be dedicated for the relevant period from the payment date. The dedication at the council's discretion may be renewed at the end of the period subject to the regulations then in force. Should the licence/grant period expire, the council reserve the right to remove an memorial and possibly make the grave available for future re-use.

I confirm I have read the above statement and also the rules and regulations of the cemetery. The information collected on this form is necessary to process your application and will not be used for any other purposes. **Please tick this box to confirm that you are happy to provide this data.**

Signature:	Date: / /
------------	-----------

### DETAILS FOR RE-OPENING EXISTING GRAVE

**Please ensure any memorials are removed from graves/plots at least 3 working days prior to the booking.**  
(Memorials on the pre determined plinths at the Lawn Cemetery do not need to be removed.)

PLOT NUMBER:	Tick if Owner Burial <input type="checkbox"/>
--------------	---

### DETAILS OF PERSON(S) IN GRAVE SPACE:

## DETAILS FOR RE-OPENING EXISTING GRAVE (cont.)

### BURIAL PLOT OPTIONS [tick as appropriate]:

<input type="checkbox"/> Lawn Private Grave	<input type="checkbox"/> Lawn Premium Grave	<input type="checkbox"/> Half Grave (Ashes only)	<input type="checkbox"/> Lawn Islamic Grave
<input type="checkbox"/> MG – Memorial Garden	<input type="checkbox"/> Memorial Garden Kerb (Hatfield Hyde only)		

### DEPTH OF GRAVE [tick as appropriate]:

<input type="checkbox"/> Double (6ft 6in)	<input type="checkbox"/> Single (5ft)
<input type="checkbox"/> Cremated remains (in container) (2ft)	<input type="checkbox"/> Cremated remains (buried loosely)

### CONTAINER DETAILS [tick as appropriate]:

<input type="checkbox"/> Coffin	<input type="checkbox"/> Casket	<input type="checkbox"/> Cremated remains container
---------------------------------	---------------------------------	---

**SIZE:** Length (feet & inches)  Width (inches)  Height (inches)

**NOTE:** Please don't forget to include the handles in your width size

I verify that the size of container is correct – please tick

### DETAILS OF LICENCE HOLDER (Applicant to complete if Owner Burial):

Title:	Forename(s):	Surname:
--------	--------------	----------

Address (including postcode):

Telephone:

Email:

In being granted the Exclusive Right of Burial/Licence, I hereby agree to abide by the cemetery rules and I am aware that no form or memorials, other than that prescribed under the council's cemetery regulations will be placed on the purchased grave. I also acknowledge that any unauthorised item(s) will be removed from the grave space. Upon payment of the necessary fee, the item will be dedicated for the relevant period from the payment date. The dedication at the council's discretion may be renewed at the end of the period subject to the regulations then in force. Should the licence/grant period expire, the council reserve the right to remove an memorial and possibly make the grave available for future re-use.

I confirm I have read the above statement and also the rules and regulations of the cemetery. The information collected on this form is necessary to process your application and will not be used for any other purposes. **Please tick this box to confirm that you are happy to provide this data.**

Signature:

Date:

/ /

Please read the [Transfer of Exclusive Rights to Burial Guidance](http://oakhill.welhat.gov.uk/deed-holders/exclusive-rights-burial/2) located on our website: [oakhill.welhat.gov.uk/deed-holders/exclusive-rights-burial/2](http://oakhill.welhat.gov.uk/deed-holders/exclusive-rights-burial/2)

### DETAILS OF FUNERAL DIRECTOR / PERSON MAKING ARRANGEMENTS

Name:

Address (including postcode):

Telephone:

Email:

Signature:

Date:

/ /