

# Application Form

THIS IS NOT A PUBLIC DOCUMENT

Please complete this application after you have made a booking by telephone: 01707 357000  
The application must be completed in full and received by The Council at least 3 working days prior to the booking date. **Funerals may be delayed if this form is incomplete.**

**The Lawn Cemetery**

(Southway, Hatfield)

**Hatfield Hyde Cemetery**

(Hollybush Lane, Welwyn Garden City)

**Full Burial**

**Burial of Cremated Remains**

**Memorial Only**

## Details of funeral director/person making arrangements

**Telephone**

**Email**

**Date of burial/burial of cremated remains/memorial service**

**Tick if over 20 cars expected**

## DETAILS OF DECEASED

**Title**

**Surname**

**Forename(s)**

**Home address of deceased**

**Place of death (If not 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 provide for new graves/plots

**Date of death**

**Date of birth**

### OFFICE USE ONLY

Lagan Ref No

Memorial Ref No

Work Order No

Invoice No

Payment Received

Plot No

Resident/Non resident

Grant/Licence fee

Other Fees

Total

## FUNERAL INFORMATION

Direct to Grave

Lodge Chapel  (Only available at The Lawn Cemetery)

Time of Service

Details of Specific Service Requests

Name of Person Officiating

Denomination

Time of Burial

Details of Specific Burial Requests

### DEPTH OF GRAVE

Treble (8ft)

Double (6ft 6in)

Single (5ft)

Shallow Grave

Cremated Remains (2ft)

Cremated Remains (Scattered)

### CONTAINER DETAILS

Coffin

Casket

Cremated Remains Container

Container Size (cm)

L

W

H

PLEASE DO NOT FORGET TO INCLUDE THE HANDLES IN YOUR WIDTH SIZE

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

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 of funeral director or person arranging

Date

## DETAILS FOR NEW GRAVE

### Burial Plot Options (75 year deed)

(Lawn Cemetery only)

Lawn Private Grave  Lawn Premium Grave  Baby/Infant Grave  Lawn Islamic Grave   
Mausoleum\* (top and bottom crypt)  Premium Mausoleum\* (Middle crypt)  Lawn Public Grave (No deed provided)

### CREMATED REMAINS PLOT OPTIONS

#### Lawn Cemetery

Memorial Plot (75yr)  Garden Tablet (75yr)\*  Lawn Grave (75yr)  Rose Bush (10yr)\*

#### Hatfield Hyde Cemetery

Memorial Plot (75yr)  Memorial Garden Kerb (10yr)\*  Sanctum Vault (10yr)\*   
Family Vault (10yr)\*

\*Please complete inscription for memorial products (page 5 or 6 of the Application form)

### NEW GRANT OF EXCLUSIVE RIGHT OF BURIAL/LICENCE

This information will be recorded in Statutory Registers and used to produce legally binding Deed of Ownership.

I wish to purchase the Grant of Exclusive Right/Licence of a grave for a period of  years

Title  Surname  Forename(s)

Address

<input type="text"/>	Email
	<input type="text"/>
	Telephone
<input type="text"/>	<input type="text"/>

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

Details of person(s) in grave space

Details of Current Grant/Licence Holder

Title

Surname

Forename(s)

Address

Email

Telephone

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

## PRESENT RIGHTFUL OWNER OF RIGHT OF BURIAL HAS DECEASED

Contact person for liaison in regards to progressing transfer of Grant of Exclusive Rights

Plot Number

Title

Surname

Forename(s)

Address

Email

Telephone

Relationship to deceased

Please read the Transfer of Exclusive Rights to Burial Guidance located on our website

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



## MEMORIAL PLAQUE COLLECTION

The following granite memorial plaques are available for Rose Bush Plots or for separate memorials

Daisy  Forget Me Not  Lily  Rose  Daffodil 

The following colours are available

Black  Imperial Green  Blue Pearl  Balmoral Red  Lavender Blue 

**Scenic Collection (available in black)**

Sunset Stroll  Reflections  Woodland Walk 

**Children's Collection (available in black)**

Butterfly  Rainbow  Moon 

Artwork or photograph required\* 

\*An additional charge will be made and you will need to supply a photograph/artwork with this application.

**Inscription for plaque** - If a photo/design is required please do not use the shaded boxes for inscription  
The name uses a larger typeface therefore it may not exceed more than 15 characters - indicated by the dotted line  
Lines not used for names may have a maximum of 20 characters

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Line 1	P	H	O	T	O															
Line 2	G	O	E	S																
Line 3	H	E	R	E																
Line 4	P	H	O	T	O															
Line 5	G	O	E	S																
Line 6	H	E	R	E																

## COLUMBARIUM MEMORY NICHES - BLACK GRANITE (75 YEAR LICENSE)

**Inscription for plaque** - If a photo/design is required please do not use the shaded boxes for inscription  
The name uses a larger typeface therefore it may not exceed more than 16 characters - dotted line top 2 lines  
Lines not used for names may have a maximum of 30 characters

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 1	P	H	O	T	O																									
Line 2	G	O	E	S	H																									
Line 3			E	R	E																									
Line 4																														
Line 5																														
Line 6																														

## MAUSOLEUM - CARRERA MARBLE TABLET

Please contact the Council directly and we will send you examples of frontages for the mausoleums.  
The tablets are inscribed using high quality bronze lettering  
Pictures and images can be included at an additional cost