Bereavement Services

Dorrator Road, Camelon, Falkirk, FK2 7YJ

Telephone: 01324 503650

Email: bereavement@falkirk.gov.uk

**Falkirk Council**

***Place Services***

**Burial Application Form**

This form, when completed is to be delivered to the Cemetery Office at the above address, by the Funeral Director or any other person having charge of the Funeral, *no later than noon 48 hours prior to the Interment.*

Funeral Director ………………………………………. Lair Holder (s)

………………………………………. Name (s) ………………………………………….

………………………………………. Address …………………………………………..

Date Requested ……………………………………….. ……………………………………………

Time Requested ……………………………………….. ……………………………………………

Postcode …………….. Tel. No. ………………….

Cemetery ………………………………………… Lair Purchase Only New Lair Re-open

Section ………………………………………………… Depth Requested 8’ 6” 7’ 6” 6’ 6”

(New Lairs Only)

Lair No. ……………………………………………….. Lair Certificate/Title Deed Submitted

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Details of Deceased

Name ………………………………………………….. Date of Death ………………………... Age………..

Address ………………………………………………… Marital Status –

………………………………………………… Single Married Widowed

Postcode………………………………………………… Papers Submitted – Form 14 Crem. Cert

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Coffin/Casket Details

Width



Exact Coffin/ Casket sizes to include the handles and any embellishments

Full Casket

Coffin

Cremation Casket

Stop or T Bar Handles

Length

Depth

**CERTIFICATE OF DEATH EXTRACT MUST IN ALL CASES ACCOMPANY THIS FORM**

**AUTHORITY TO OPEN LAIR FOR INTERMENT**

I (*Name of Applicant*) ………………………………………………………….

of (*Address*) ………………………………………………………………………………………………………………………

certify that I am a) The Title Holder b) The Legal Heir to the Title Holder c) The Representative of the Title Holder (*delete as appropriate*)

and authorise that in Section ………………..………. of Lair ……….……….…….. in ……………………….…….. Cemetery

be opened for the interment of - Name ………………………………………………….

Address …………………………………………………

………………………………………………...

I accept all responsibility and undertake to indemnify Falkirk Council against any claims which may be made in connection with the opening of the lair and/or said interment.

Witness (Block Capitals) …………………………

Signature ………………………………………..

Address ………………………………………….

…………………………………………

Signature ………………………….

Date ………………………………

**APPLICATION FOR TRANSFER OF RIGHT OF BURIAL**

**Including Change of Address, Lost Deeds**

The existing Lair Certificate must in all cases be surrendered at the time of transfer

I (Name of Applicant) ……………………………………………………….

Relationship to Lair Owner ………………………………………………………………………………………………………

Address …………………………………………………………………………………………………………………………

Certify that I am the legal heir of ………………………………………………………………………………………………….

Address ………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………..

Who is the registered proprietor of the Right of Burial in Lair (s)

Section …………………..of Lair …………………………………..in………………………………………………..Cemetery

And request that the Right of Burial be transferred to me. I accept all responsibility and undertake the indemnify Falkirk Council against any claims which may be made in connection wit the transfer of the right of Burial to me.

Signature ……………………………………..

Witness (Block Capitals) …………………………

Signature ………………………………………..

Address ………………………………………….

…………………………………………

Date ………………………………………….