



**MONUMENT MEADOW**  
NATURAL BURIAL GROUND

**NOTICE OF INTERMENT  
AT MONUMENT MEADOW**

**BURIAL SITE**

NAME: Monument Meadow Natural Burial Ground

SITE ADDRESS: Chester Road, Farndon, Chester, Cheshire CH3 6QP

SITE MANAGER: Carole Tomlinson

TELEPHONE: 07725 073596 EMAIL: carole@monumentmeadow.co.uk

**DETAILS OF THE APPLICANT**

NAME: \_\_\_\_\_

RELATIONSHIP TO THE DECEASED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DETAILS OF THE DECEASED**

FULL NAME: \_\_\_\_\_

LAST ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_ AGE AT DATE OF DEATH: \_\_\_\_\_

RELIGION (IF ANY): \_\_\_\_\_

**NEXT OF KIN**

NAME: \_\_\_\_\_

RELATIONSHIP TO THE DECEASED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## DETAILS OF FUNERAL DIRECTOR

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## DEATH CERTIFICATE TO BE PRESENTED

Please tick one box:  Registrar's Certificate (Green Form); or  Coroner's Certificate

## INTERMENT OF COFFIN

Shape of coffin: \_\_\_\_\_

Exact external measurements of coffin: Length: \_\_\_\_\_ Depth: \_\_\_\_\_

Width at head: \_\_\_\_\_ Width at shoulders: \_\_\_\_\_ Width at feet: \_\_\_\_\_

\* Please note that our graves are dug carefully by hand and we charge a £100 supplement for coffins 6'9" long and over, or 26" wide and over.

Plot Pre-purchased  Plot Not Pre-purchased

Biodegradable material coffin is made from: \_\_\_\_\_

Date of interment of coffin: \_\_\_\_\_ Time of interment of coffin: \_\_\_\_\_

Name of Officiator/Celebrant at Interment Ceremony (if any): \_\_\_\_\_

## INTERMENT OF ASHES

Size of urn: \_\_\_\_\_ Shape of urn: \_\_\_\_\_ Material of urn: \_\_\_\_\_

Pre-purchased  Not Pre-purchased

Date of interment of urn: \_\_\_\_\_ Time of interment of urn: \_\_\_\_\_

Name of Officiator/Celebrant at Interment Ceremony (if any): \_\_\_\_\_

## SCATTERING OF ASHES

Pre-purchased  Not Pre-purchased

Date of scattering of ashes: \_\_\_\_\_ Time of scattering of ashes: \_\_\_\_\_

Name of Officiator/Celebrant at Ashes Scattering Ceremony (if any): \_\_\_\_\_

## DECLARATION

I, the applicant, have read, understood and agree to abide by the Monument Meadow Natural Burial Ground Terms and Conditions. .

SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_