

Cemeteries Office  
Huddersfield Crematorium  
Fixby Road  
Huddersfield  
HD2 2JF  
Tel: 01484 456999  
Fax: 01484 469836

**FOR OFFICE USE:**

Date of Interment .....  
Burial No .....  
Receipt No .....  
Grave Deed No .....  
Depth ..... Fee Payable £.....

**NOTICE OF INTERMENT**

Paperwork must be faxed or emailed to the Cemeteries Office at least 2 clear working days prior to funeral, or 4 clear working days for interment in a brick grave requiring construction, between the hours of 9.00 am and 4.45 pm.

1. **Name of Cemetery** .....
2. **Date and Time of Interment** .....
3. **Full Name of Deceased** ..... **Male / Female**
4. **Age (at last birthday)** ..... **Denomination** .....
5. **Rank or Profession** .....
6. **Residential Address** .....  
.....  
..... **Postcode** .....
7. **Where Death Occurred** .....
8. **Date of Death** .....
9. **Coffin / Casket** (*delete as appropriate*)
10. **Exact Size of Coffin or Casket inc. handles** (*please do not add anything on*) .....
11. **Classification and Description of Grave (Earthen Grave / Vault / Timbered / Sanctum)**  
Re-open.....Section.....No.....Con / Gen  
Public Grave.. .....Section.....No.....Con / Gen  
New Grave for.....Interment(s) Section.....No.....Con / Gen  
Sanctum.....Section.....No.....Con / Gen  
Name of Last interred .....

**Please note graves for extra depths to accommodate 3 and 4 interments are available, but only in designated areas of some cemeteries. Please contact the Office for information. Extra costs will be incurred for each additional depth.**

12. **Scattering of Cremated Remains**  
Section ..... No..... Con / Gen

**13. Name, Address and Signature of Present Grave Owner**

MR / MRS / MISS / MS .....

.....

Postcode ..... Signature .....

Telephone Number (including STD code) .....

Mobile Number .....

**14. Name, Address and Signature of Applicant**

MR / MRS / MISS / MS .....

.....

Postcode ..... Signature .....

Telephone Number (including STD code) .....

Mobile Number .....

**15. Relationship to the Deceased** .....

**16. Public burial direct from hospital**

**17. Grave Ownership**

Please enclose grave deed. If the Grave Deed is not available or not showing the applicant's details, please contact the Cemeteries Office for further advice.

*This is Kirklees Council, Civic Centre 1, Albion Street, Huddersfield, HD1 2NF.  
The Council's Data Protection Office contact details are [information.governance@kirklees.gov.uk](mailto:information.governance@kirklees.gov.uk).*

*The information provided by you is collected purely for the purposes of Bereavement Services. We need to collect this information in order to maintain accurate records of your name and contact details. Completion of sharing your information with us constitutes explicit consent from you for us to process your data for this purpose. Processing is necessary to protect the vital interests of a data subject or another person. You have the right to see what information is held about you, to have inaccurate information corrected, to have information removed from our system unless we are required by law or a statutory purpose to keep it and the right to complain to the Data Protection Officer if you feel that your data has not been handled in accordance with the law. Your name, contact details and eligibility are recorded electronically on our system to maintain up to date records. This information will be kept for a maximum of 15 years or until such time as the data is reviewed by us or removed at your request.*

*If you require further information then please visit <http://www.kirklees.gov.uk/privacy>*

**18. Name, Address and Signature of Funeral Director**

Name .....

Address .....

.....

.....Postcode.....

Signature .....

Telephone Number .....Date .....