

**Cemeteries Office**

c/o Huddersfield Crematorium  
Fixby Road, Fixby,  
Huddersfield  
HD2 2JF

Tel: 01484 456999 (Option 3)

Email: [bereavement.services@kirklees.gov.uk](mailto:bereavement.services@kirklees.gov.uk)

**FOR OFFICE USE:**

Date of Interment .....

Burial No .....

Receipt No .....

Grave Deed No .....

Depth .....Fee Payable £.....

**NOTICE OF INTERMENT**

Paperwork must be delivered 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 9.00am and 4.00pm.

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 / Shroud** (*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 / GOR / 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 .....

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

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

Mobile Number .....

Email Address .....

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

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

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

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

Mobile Number .....

Email Address .....

**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.

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

Name .....

Address .....

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.....Postcode.....

Signature .....

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

**Please note:** For a private service please tick this box

**Privacy Statement**

In compliance with GDPR 2018, you can view Kirklees Council's Bereavement Services privacy statement at:

[www.kirklees.gov.uk/privacy](http://www.kirklees.gov.uk/privacy)