

For Office Use Only  
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 Receipt.....



Cemetery and Crematorium  
 The Ridge, Hastings  
 East Sussex, TN34 2AE  
 Tel: 01424 451057  
 Email: cemandcrem@hastings.gov.uk

**APPLICATION FOR INTERMENT  
 IN THE CREMATED REMAINS SECTION OF  
 HASTINGS CEMETERY**

Application for an interment should be made to the Cemetery Office at least **THREE** working days prior to the proposed interment (exclusive of weekends and statutory holidays) Office hours Monday to Friday 8.30 am to 4.30 pm.

**SECTION 1**

For the interment of the cremated remains of:

Name of Deceased (in full)

Date of death

Occupation

Age

Male

Female

Married

Single

Widow

Widower

Place of death

Usual residence

**Disposal of Cremated Remains:**

INTERMENT Day ..... Date. Time

**Grave:**

Division

Section

Number

Re-Open Plot   
 (Complete Section 2)

New Plot   
 (Complete Section 3)

Designated Place   
 (Complete Section 4)  
 For example Garden of Remembrance, Garden of Rest or Woodland Walk

Surface Scatter   
 (Complete Section 4)

Interment to be witnessed **YES** **NO**

Type of Container: **Casket** **Urn**

**Cremated Remains Box**

**None (strew)**

**SECTION 2 RE-OPEN CREMATED REMAINS PLOT**

Original Deed of Grant enclosed for endorsement  Yes  No

Full Name

Address

Post Code

Tel

Email

Full Name (Second Owner if Applicable)

Address

Post Code

Tel

Email

A) Being the owner of the Exclusive Right of Burial.

B) Being the Executor or Administrator for the owner of the Exclusive Right of Burial

C) My Relationship to the deceased is

I authorise the opening of grave Division Section Number

For the interment of and undertake to indemnify the Hastings Borough Council acting as the Burial Authority against any costs or damages they may hereafter suffer or sustain resulting from the above mentioned action being carried out.

I/We agree to abide by the rules of the Cremated Remains Section as laid down by Hastings Borough Council as set out in Section 3 overleaf, which I/We have read and understood

Signed

Date

**Joint owner if applicable.** Signed

Date

### SECTION 3 A NEW CREMATED REMAINS PLOT

In consideration of the grant to me of the Exclusive Right of Burial in the Cremated Remains Section of Hastings Cemetery I agree to abide by the Rules made by Hastings Borough Council relating to such Cremated Remains Plot Sections which are set out below, which I/We have read and understood.

**(Copies of the Rules are available from Funeral Directors and the Cemetery Office)**

Full Name

Address

Post Code

Tel

Email

Signed

Date

Full Name (Second Owner if Applicable)

Address

Post Code

Tel

Email

Signed

Date

By signing your name electronically on this application form, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

Certain areas of the Cemetery have been set aside for the burial of cremated remains. These areas are intended to have a similar overall appearance to a lawned cemetery and the following rules apply:

#### HASTINGS BOROUGH CEMETERY RULES OF THE CREMATED REMAINS SECTION

- A) Headstones may be no more than 2 feet 6 inches (765mm) high or more than 2 feet (610mm) wide. The base may not exceed 2 feet wide by 1 foot deep.
- B) The memorial may have up to two vases placed on or built into the base.
- C) No permanent memorials made of wood or metal are allowed.
- D) There will be no garden plots and nothing may be planted in or placed on the turfed plot.
- E) No kerbs or fences are allowed.
- F) The repair or replacement of memorials remains the sole responsibility of the owner of the Exclusive Right of Burial.

**PLEASE NOTE: You are advised to secure ornaments or other tokens placed on graves to the memorial base.**

The Council has the right of passage over all plots and may temporarily cover or remove a memorial, without notice, for any necessary purpose.

Although it is intended that memorials should be in the form of a headstone, permits for memorial vases will be issued.

The Manager has the right, without notice, to remove any items placed in the Cemetery in contravention of these rules.

**THE CEMETERY BYELAWS PROHIBIT DOGS & CYCLISTS FROM USING THE CEMETERY GROUNDS**

**I agree that I have read and understood the rules of the Cremated Remains section** Initial here

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### SECTION 4 DESIGNATED PLACE

I being the applicant for the Cremation of

do hereby request and authorize Hastings Borough Council to strew Cremated Remains in the following

designated place

at Hastings Cemetery & Crematorium

Full Name

Address

Post Code

Tel

Email

Signed

Date

By signing your name electronically on this application form, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

I enclose a fee of £ (cheques made payable to Hastings Borough Council)  
I would like a phone call on the above number to make a payment over the phone  
I have paid with the Funeral Directors

A list of fees and charges can be found at <https://www.hastings.gov.uk/Cemetery-crematorium/fees-charges/> if you would like to confirm the cost please contact us.