Logo, company name

Description automatically generated

**DETAILS OF COFFIN AND MEMORIAL**

Please complete all the details below as soon as practicably possible but no later than 4 working days before the funeral is due to take place

Please email the completed form to[cemetries@nwleicestershire.gov.uk](mailto:cemetries@nwleicestershire.gov.uk).

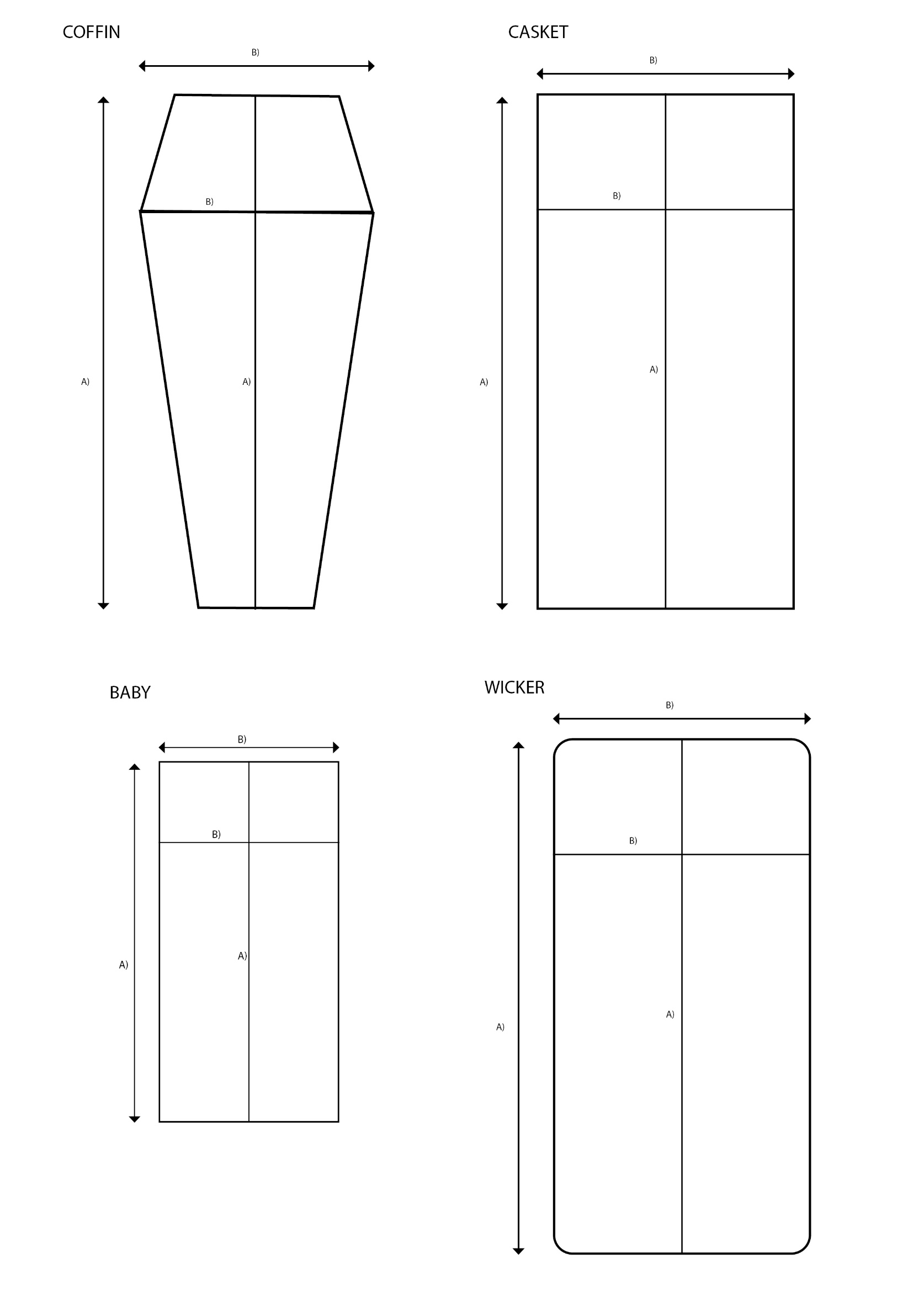
|  |  |
| --- | --- |
| **DETAILS OF FUNERAL** | |
| Name of deceased |  |
| Date of Funeral |  |
| Time of Funeral |  |
| Cemetery |  |

|  |  |
| --- | --- |
| **DETAILS OF COFFIN** | |
| Please state the type of container  *Please delete as appropriate* | Coffin / Casket / Baby / Wicker / Other |
| Dimensions of Container | Please use the diagram below to provide the dimensions of the container at its longest and widest as per the diagram below |
| Type and size of handles  *Please delete as appropriate* | Bar / Static / Bow / Rope / Other |
| Number of webs required |  |
| Any other details we need to be made aware of. |  |

In order to accurately prepare the burial plot we will require the exact dimensions of the longest and widest part of the coffin / casket / baby coffin / wicker coffin.

Please provide dimensions A and B on the diagram below.

**Please Note**: Measurement B must be taken at the **widest** part of the coffin.



|  |  |
| --- | --- |
| **DETAILS OF MEMORIAL** (if required) | |
| Date memorial is to be removed |  |
| The memorial must be removed as soon as practically possible but no longer than 2 working days before the funeral is due to take place.  Please contact the cemeteries office [cemetries@nwleicestershire.gov.uk](mailto:cemetries@nwleicestershire.gov.uk) to confirm the memorial has been removed. | |

It is the responsibility of the Funeral Director to ensure the smooth running of the funeral service at North West Leicestershire District Council Cemeteries.  The Sexton will be available for advice but will not take an active part in the proceedings at grave side. A small wooden marker will be placed at the head of the plot to denote which way the coffin needs to be laid.

I hereby declare that the information provided is correct.

Name of Funeral Director / Agent: …………………………………………………………………

Signed by: ………………………………………………………………………………………….

Print Name: ………………………………………………………………………………………….

Date: ...……………………………………………………………………………………….

|  |  |  |
| --- | --- | --- |
| **FOR OFFICE USE** | **DATE** | **ANY ADDITIONAL INFORMATION** |
| Date received from Funeral Director / Agent |  |  |
| Date returned for amendments |  |  |
| Date received from Funeral Director / Agent |  |  |
| Date passed to sexton |  |  |
| Date attached to file |  |  |