



Application for Interment of body parts

I (name of applicant): Mr/Mrs/Miss/Ms

Address:

Occupation or Description:

apply to the City Council of Brighton & Hove, to undertake the interment of the (specify organs or tissue to be interred):

of Name of Deceased:

Address:

Occupation:

Age: Whether married, civil partner, widow, widower, surviving civil partner,

Sex: neither married nor in a civil partnership:

In the case of a stillborn child; replace the name, address and occupation with a description to suitably identify the body and also replace the word 'deceased' throughout with the words 'stillborn child'.

The true answers to the questions set out below are as follows:-

All the questions should be carefully read and answered.

1 Are you an executor or the nearest surviving relative of the deceased? Answer 'Executor' or 'nearest surviving relative' if either:

2 If not, state a Your relationship to the deceased. b The reason why the application is made by you and not by an executor or any nearer relative:

The term 'near relatives' includes civil partner, widow or widower, parents, children above the age of 16, and any other relative usually residing with the deceased.

3 Have the near relatives of the deceased been informed of the proposed interment?

4 Has any near relative of the deceased expressed any objection to the proposed interment? If so, on what ground?

5 What was the date and place of death of the deceased?

6 Give the name and address of the cemetery, churchyard or crematorium where the body of the deceased was buried:

7 On what date did the burial take place?

8 Do you know any reason whatever for supposing that further examination of the body parts of the deceased may be desired?

I declare that to the best of my knowledge and belief the information given in this application is correct and no material particular has been omitted.

The person verifying this Application MUST be a HOUSEHOLDER to whom the Applicant is known.

Date: Signature: Applicant

The Applicant is known to me and I have no reason to doubt the truth of any of the information furnished by the applicant.

Date: * Signature:

Capacity in which signatory has signed: *

Address:

Post Code: