

NOTICE OF FUNERAL

Bereavement Services
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East Ayrshire
COUNCIL

KILMARNOCK CEMETERY BABY SECTION / CUMNOCK CEMETERY BABY SECTION

This form should only be used for an interment of a **baby** in the **Baby Section** and must be completed and delivered to the Bereavement Services Office as soon as possible and, in any case, not later than **11am on the working day prior to interment**. The prompt delivery of this form is essential in ensuring the smooth running of the service.

There are 2 dedicated areas within Kilmarnock & Cumnock Cemeteries for the burial of a baby.

- Individual Lair** – this allows for the burial of a baby and also up to 6 cremation caskets to be buried in the same plot thereafter. **A small memorial may be erected**. There is a fee to purchase this lair and to erect a memorial.
- Single Baby Lair** – this allows for a baby to be buried in a single grave. There will be **no further interments** in this lair. A memorial **cannot** be erected on this grave but the baby's name can be recorded on the central memorial. There is a small fee to add the baby's name to the memorial.

*Please complete the **Cemetery & Section** required (Individual or Single). (The Lair Number will be completed by Bereavement Services)*

CEMETERY: _____ SECTION: _____ LAIR NO: _____

Funeral Director: _____
(name/address) _____

Full Name of Baby: _____

Address: _____

NVF Stillborn Age: _____ Gender M F Day and Date of Death: _____

DAY and DATE of Interment: _____

TIME of Interment: _____ a.m. p.m.

Exact Coffin/Casket Size: _____ *(Head Width, Foot Width & Coffin Depth must be completed)*

Head Width: _____ Foot Width: _____ Coffin/Casket Depth: _____

Mother's Full Name & Address: _____

Father's Full Name & Address: _____

TO BE COMPLETED FOR THE PURCHASE OF AN INDIVIDUAL BABY LAIR

Full Name of Purchaser: _____

Maiden Surname (if applicable) _____

Address: _____

Postcode: _____ Telephone No: _____

Applicant's Signature: _____ Date: _____

Data Protection Act 1998 please tick box if you do not wish this information to be shared with other interested parties.

FOR OFFICE USE ONLY

Date/Time Received: _____ Lair Fee: _____ Date Deed/s Issued: _____