

**Form E.A.1**

Bereavement Services  
Western Road  
KILMARNOCK  
KA3 1LL



**NOTICE OF FUNERAL**

**Tel:** 01563 554775/6 **Fax:** 01563 554777  
**Email:** BereavementServices@east-ayrshire.gov.uk

This form should 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.

**CEMETERY:** \_\_\_\_\_ **SECTION:** \_\_\_\_\_ **LAIR NO:** \_\_\_\_\_

Funeral Director: \_\_\_\_\_  
(name/address) \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Maiden Surname: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

If address is outwith East Ayrshire, has deceased resided there for 2 years or more: 

Yes	No
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Day and Date of Death: \_\_\_\_\_

Address where death occurred: \_\_\_\_\_

At time of death was deceased: Married / Single / Widowed / Divorced / Separated / Other: \_\_\_\_\_

**DAY and DATE of Interment:** \_\_\_\_\_

**TIME of Interment:** \_\_\_\_\_ 

a.m.	p.m.
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*(Head & Foot Width + Coffin Depth must be completed on every occasion)*

**Exact Coffin Size:** \_\_\_\_\_ (inc handles) **Head Width:** \_\_\_\_\_ **Foot Width:** \_\_\_\_\_

**Exact Grave Size:** \_\_\_\_\_ **Coffin Depth:** \_\_\_\_\_

**Gross Coffin Weight:** \_\_\_\_\_ **KG** or \_\_\_\_\_ **Stones** \_\_\_\_\_ **Libs**

**TO BE COMPLETED FOR A NEW LAIR**

FULL PLOT
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CREMATION PLOT
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 (delete as required)

Name of Purchaser: \_\_\_\_\_  
(including Maiden \_\_\_\_\_)

Address of Purchaser: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

**N.B. – By signing this application, you agree to adhere to East Ayrshire Council Cemetery Management Rules**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ENCLOSURES:** Lair Certificate  Form E.A.5/6  Form 14  Certificate of Cremation

**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**

Interment Fee £  Lair Fee £  Certificate Fee £  Other Charges £  **TOTAL FEE** £

Surcharge: Yes / No Yes / No Yes / No

**Opening Order:**

New	1st	2nd	3rd	Ashes	Other: _____
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Date / Time Received: \_\_\_\_\_ Checked: \_\_\_\_\_ **Folio No:**

# AUTHORITY TO OPEN LAIR FOR INTERMENT

## 1. To be completed if the Title Holder

I, **(name)** \_\_\_\_\_ **(address)** \_\_\_\_\_

declare that I am the holder of an exclusive right of burial in the after mentioned lair, and I enclose a copy of my lair certificate/duplicate certificate. Accordingly I authorise that **Lair Number:** \_\_\_\_\_ **in Section** \_\_\_\_\_ **in** \_\_\_\_\_

**Cemetery** be opened for the interment of: **(name)** \_\_\_\_\_

**(address)** \_\_\_\_\_

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## 2. To be completed by Executor/Representative of the Title Holder

I, **(name)** \_\_\_\_\_ **(address)** \_\_\_\_\_

declare that I am the executor/representative of the holder of the exclusive right of burial in the lair after mentioned, being

**(name)** \_\_\_\_\_ **(address)** \_\_\_\_\_

and enclose Legal confirmation of such and/or a copy of his/her lair certificate/duplicate certificate.

Accordingly, I authorise that **Lair Number:** \_\_\_\_\_ **in Section** \_\_\_\_\_ **in** \_\_\_\_\_

\_\_\_\_\_ **Cemetery** be opened for the interment of **(name)** \_\_\_\_\_

**(address)** \_\_\_\_\_

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## 3. Statutory Declaration

Yes	No
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The above named Title Holder completed a Form E.A.5/6 on \_\_\_\_\_ and submitted it attached to this Notice of Funeral (Form E.A.1).

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**East Ayrshire Council does not accept any liability for any loss, claim, damages or costs which may occur as a result of any actions undertaken on reliance of this declaration. Any liability shall be borne by me as instructor of the works carried out.**

**N.B. – By signing this application, you agree to adhere to East Ayrshire Council Cemetery Management Rules**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>  Statutory Declaration (Form E.A.5/6) received  Signature: _____ Date: _____
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