

Gainsborough Cemeteries

Name and address of applicant	Name and address, telephone and email of funeral director
Relationship to the deceased	

This form MUST be fully completed and received at Gainsborough Town Council's correspondence address AT LEAST 3 CLEAR (not incl. day of receipt and day of funeral) WORKING DAYS PRIOR TO THE FUNERAL SERVICE. Please note that if this form is either not fully completed or received by the time stated, the burial may be delayed.

INTERMENT DETAILS

Cemetery	General / North Warren
Date & Time of Burial	Day: _____ Date: _____ Time: _____
Full Name of Deceased (Mr, Mrs, Miss, Other)	
Age of Deceased	
Date of Death	
Marital Status	
Last permanent address (If the deceased took up residency outside the Parish within the last 6 months or has moved straight into a Nursing Home outside the area from an address within the Parish, then please also give former address)	
Place where death occurred	
Type of Service	Direct to Grave YES / NO Graveside YES / NO Use of Chapel YES / NO
Name of Person Officiating	
Religion of Deceased (if appropriate)	
Grave Number	
SIZE – please specify the following Please give exact outside measurement of the coffin / casket (including handles)	Coffin / Casket / Cremation Casket Outside measurement – length _____ Outside measurement – width _____ Outside measurement – depth _____ (include allowances for handles)
Depth of Grave required	Ashes (2ft) Single (4.5ft) Double (6ft) Triple (8.5ft) Triple depth graves will be considered individually. Contact the Council.
Additional Information	

APPROVED by Burial Authority

DATE

Signed

Please return completed form to: **Town Clerk, Gainsborough Town Council, Richmond House, Richmond Park, Morton Terrace, Gainsborough, Lincolnshire, DN21 2RJ** or return a scanned and signed copy to:

cemeteries@gainsborough-tc.gov.uk

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APPLICATION FOR THE REOPEN OF A PRIVATE GRAVE

I, _____ (full name)
being the Registered Owner / the next of kin of the deceased Registered Owner
 (delete where not applicable),

herewith consent to grave number _____ at Gainsborough General Cemetery being opened for the purpose of interring the

late: _____

I hereby confirm that I have received a copy of the Guidance Notes on Practices and Regulations within Gainsborough Town Councils Cemeteries and agree to abide by the rules and regulations of the cemetery. I understand that these rules and regulations may change from time to time and that the rules applicable at the time of any future interments or memorial applications will be applicable. The current rules will be available on the council's website at <https://gainsborough-tc.gov.uk/council-services/cemeteries/> or by request as a hard copy.

If I change my address, I agree to notify Gainsborough Town Council immediately.

Full Name/s of Applicant/s (PLEASE PRINT)	Mr / Mrs / Miss / Ms
Telephone No:	
Email:	
Full address (PLEASE PRINT)	
Relationship to the deceased	

Signed _____ Dated _____

OFFICE USE ONLY

Burial Number:		Plot Number:	
Deed Number:			
Invoice Number:		Amount:	

PLOT: _____

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Exclusive Rights Privacy Notice

The information you provide (personal information such as name, address, email address, phone number) will be processed and stored so that it is possible to contact you and to respond to your correspondence, provide information, send invoices and receipts relating to the burial plot/s. Your personal information will not be shared with any third party without your prior consent.

You can read the council's Privacy Policy here: [Privacy Policy - Gainsborough Town Council \(gainsborough-tc.gov.uk\)](http://gainsborough-tc.gov.uk/privacy-policy)

I agree that I have read and understand Gainsborough Town Council Privacy Notice. I agree by signing below that the Council may process my personal information for providing information and corresponding with me.

I agree that Gainsborough Town Council can keep my contact information data for an undisclosed time or until I request its removal after the termination of this contract.

I have the right to request modification on the information that you keep on record.

Name	
Date of birth if under 18 and Parental / Guardian consent for any data processing activity	
Address	
Telephone No.	
Email Address	
Signature	
Date	

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For office use only:

Guidance Notes Data Sharing Checklist – systematic data sharing

Scenario: You want to enter into an agreement to share personal data on an ongoing basis is this form relevant and the sharing justified? Read the below:

Key points to consider:

What is the sharing meant to achieve?

Have you assessed the potential benefits and risks to individuals and/or society of sharing or not sharing?

- Is the sharing proportionate to the issue you are addressing?
- Could the objective be achieved without sharing personal data?

Do you have the power to share?

Key points to consider:

The type of organisation you work for.

- Any relevant functions or powers of your organisation.
- The nature of the information you have been asked to share (for example was it given in confidence?).
- Any legal obligation to share information (for example a statutory requirement or a court order).

If you decide to share

It is good practice to have a data sharing agreement in place.

As well as considering the key points above, your data sharing agreement should cover the following issues:

- What information needs to be shared?
- The organisations that will be involved.
- What you need to tell people about the data sharing and how you will communicate that information.
- Measures to ensure adequate security is in place to protect the data.
- What arrangements need to be in place to provide individuals with access to their personal data if they request it?
- Agreed common retention periods for the data.
- Processes to ensure secure deletion takes place.

Date Data received	Date consent received and approved for data to be held	Data received as Phone, email, hard copy or other	Data approved to be shared with the below	Removal of consent received	Date data disposed of and method of disposal actioned

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