



**Grave Opening Authorisation Form
Interments/Exhumations**

I.....
Address.....

Postcode.....

BEING THE NEW / REGISTERED TITLEHOLDER / NEXT OF KIN, I GIVE
AUTHORISATION TO OPEN THE GRAVE FOR THE BURIAL / EXHUMATION OF

.....INCEMETERY

SECTION..... PLOT..... Signed.....

Date...../...../..... Please State Relationship to Deceased

If the deceased was residing in a Residential Care Home outside Craigavon
Borough Please State Date they Commenced Residency

Date Residency started:/...../..... Signed

**The Completed Authorisation Form must be Signed, delivered/and or
faxed to the Cemeteries Office directly after initial phone call for the
attention of the Cemeteries Superintendent, or by 10:00am the Morning
before the Interment is to take place, "Before any such grave shall be
opened".**

Kernan Cemetery Kernan Hill Road Portadown Craigavon Co. Armagh BT63 5YB	Tel: 028 3833 9509 Fax: 028 3833 8490 Email Cemetery.info@craigavon.gov.uk
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Deceased Details / New Titleholders Declaration

Date & Time of Burial/...../...../am/pm
Deceased AddressPostcode.....
Marital Status	
Place of Death
Date of Death/...../.....
Religious Denomination	
Occupation/Retired	
Age of Deceased	
Please State Size of Coffin	Width @ Shoulders Length
Pease state approximate weights	Weight: Coffin Weight: Deceased
Funeral Directors Details	

I hereby agree to abide by the cemetery rules and regulations in place and any future amendments or additions as may be deemed necessary by Craigavon Borough Council. I understand that under no circumstances must I erect fencing, kerbs or place any objects on or around the turfed area of the grave in Craigavon Borough Council's Lawn cemeteries sections; **Kernan Section B and Lurgan Section M. Items that contravene these rules and regulations will be removed without prior notice.**

New Titleholders Signature _____

I have read and accept the aforementioned Council Rules & Regulations for its Lawn Cemeteries.