



APPLICATION FOR BELFAST RESIDENT RATE IN RESPECT OF BURIAL AND CREMATION

NOTES TO APPLICANT

- 1** Where applicable this application should be made by the next-of-kin of the Deceased.
- 2** If you are not the next-of-kin please state why the application is being made by you.
- 3** Belfast City Council policy is that only deceased persons who have resided in Belfast City Council's district in the ten years prior to death will qualify. All other deceased persons will be subject to the non-Belfast resident rate, as set out in the Council's Scale of Charges applicable at the date of death (as varied from time to time).
- 4** In exceptional circumstances the Council may waiver the ten year qualifying period where it appears to the Council that the circumstances of the case are such as merits a reduction in fees.
- 5** Please remember to enclose all documentary evidence supporting your application.
- 6** Should you wish to discuss the matter further please contact the Cemeteries/Crematorium Central Office for assistance.

DETAILS OF APPLICANT

MR./MRS./MISS/MS.

FULL NAME: _____

ADDRESS: _____

POST CODE: _____

TELEPHONE NO: HOME: _____

WORK: _____

MOBILE: _____

E-mail ADDRESS: _____

ARE YOU THE NEXT-OF-KIN OF THE DECEASED?

YES: RELATIONSHIP WITH DECEASED: _____

NO: Please state your:
RELATIONSHIP WITH THE DECEASED _____

REASON WHY APPLICATION NOT MADE BY NEXT-OF-KIN:

DECEASED DETAILS

MR./MRS./MISS/MS.

FULL NAME OF DECEASED: _____

ADDRESS: _____

POST CODE: _____

DATE OF DEATH: _____

WAS THE DECEASED

A) BURIED

YES

NO

If yes, please confirm Cemetery and Grave Details:

B) CREMATED

YES

NO

If yes, please state date of cremation:

ADDRESS OF DECEASED

DID THE DECEASED RESIDE IN THE BELFAST CITY COUNCIL DISTRICT AREA IN THE TEN YEAR PERIOD PRIOR TO DEATH:

YES

Please attach written confirmation of same from the Deceased's General Practitioner, Manager of the Nursing/Residential Home, Hospital Authority etc.

NO

APPLICATION

I apply to Belfast City Council to consider the above application for Belfast resident rate for the burial/cremation of the deceased, the late _____

I have attached all relevant documentation required.

I confirm that the information I have given on this application form is accurate and complete. I acknowledge that if I give misleading or inaccurate statements I will be liable to pay the non-Belfast resident rate.

Signature of Applicant: _____

Date of Application: _____

FOR OFFICE USE ONLY

Date Application received: *(attach all documentation received to application)*

Date of approval/refusal: *(delete where appropriate)*

Date notification of approval/refusal sent to Applicant: *(delete where appropriate)*

Reason for approval/refusal: *(delete where appropriate)*

SIGNATURE OF AUTHORISED OFFICER:
