

# APPLICATION FOR BURIAL IN AN EXISTING GRAVE

Cemetery:	
Day, date and time of arrival at the cemetery:	
Title and full name of deceased in full: <i>This must be the same as declared to the Registrar at the time of Registering the death</i>	Mr/Mrs/Ms/Miss/Other  (Full burial/Cremated remains) *please delete as necessary
Deceased's full address & postcode: <i>Residents fees will only apply if appropriate proof is provided e.g Council Tax Bill, Driving Licence</i>	Postcode:
Occupation of deceased:	
Marital Status: (please tick box)	<input type="checkbox"/> unknown <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> civil partner
Maiden name: (if applicable)	
Age, sex and date of death:	Age:                  Sex:                  Date of death:
Service details: (please tick box)	<input type="checkbox"/> Chapel <input type="checkbox"/> Direct to Grave <input type="checkbox"/> Graveside Service
Religious faith of deceased:	
Name of Person/Celebrant taking the service:	
Existing grave details: <i>The Deed of Exclusive Right of Burial should be produced with this application</i>	Grave Reference:  Name of last burial:  Date of death:
Exact outside measurement of Coffin/Casket/Urn: <i>No metal caskets/urns are allowed</i>	
Name & address of Funeral Director or person arranging this funeral:	Tel no:                                  Fax: Email:

## THE DECLARATION ON THE REVERSE OF THIS FORM MUST BE COMPLETED

FOR OFFICE USE ONLY					
Burial	£	Invoice	Depth Req.	Deed p/e/r	Proof of Residency
Chapel	£				
Memorial	£	Cheque	Digging Slip	Survey/Excel	Folder Sent
Casket/Urn	£				
Other	£	Receipt	Grave Ref	Memorial letter	Checked
<b>Total</b>	£				

## APPLICATION FOR BURIAL IN AN EXISTING GRAVE

I (*Mr/Mrs/Ms/Miss*) \_\_\_\_\_ **Name in Full**  
of (*full postal address*) \_\_\_\_\_

Postcode \_\_\_\_\_

Home Tel No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Work No. \_\_\_\_\_

Email: \_\_\_\_\_

Request the opening of the grave space for the burial of the deceased named on this application.

I am (*please tick as appropriate*)

(a) The Registered Owner of the Grave

(b) Arranging for the burial of a person named on the Deed

(c) Arranging the burial in an un-purchased grave

## PERSONAL INFORMATION POLICY

The Cemeteries Service is part of the London Borough of Richmond upon Thames Council.

The Council respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Council and other information about you available to the Council.

### Use of your information

The Council may use your information to:

- Deal with your requests and administer its departmental functions.
- Meet its statutory obligations.
- Prevent and detect fraud.
- Conduct surveys and research.

The Council may also use and disclose information that does not identify individuals, for research and strategic development purposes.

The council may share information, if it is lawful to do so, with other internal departments, elected members, central government departments, law enforcement agencies, statutory and judicial bodies, community service providers and contractors that process data on its behalf.

If you have any requests concerning the use of your information, please contact the Data Protection & Information Officer on telephone number **020 8891 7135**, or by email to: **foi@richmond.gov.uk**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_