

NOTICE OF INTERMENT OF CREMATED REMAINS

This form is to be completed by the grave owner/s, the person/s that wish to purchase the exclusive rights to a new grave. The cemeteries are governed by law and by regulations, details of these are available from our website www.richmond.gov.uk/cemeteries.

Where an appointment has been made this form must be completed and the fees paid within **24 hours of the booking being made**. Forms are not accepted prior to an appointment being made.

Person to be buried

Full name (Mr/Mrs/Miss/Ms) _____

Home address at time of death _____

_____ Postcode _____

Date of death _____ Age _____

Date of cremation _____ at _____ crematorium

Funeral director _____ Phone _____

Resident Non-resident Grave owner: Yes No

Denomination _____

Details of grave

Cemetery East Sheen Richmond Teddington

Twickenham Old Mortlake Hampton

Family cremated remains grave Granite wedge (Teddington and Richmond only)

Existing grave No. _____ Section _____

Westmoreland Plaque (Richmond only) Columbarium

Details of interment

Day and date of burial _____ Time _____

Would you like to meet the attendant at:

the office (Richmond and East Sheen only) chapel at the graveside

The cremated remains will be:

brought on the day by family brought by funeral director

Type of container (e.g. wooden casket, scatter tube) _____

Name of deceased _____

Grave ownership (tick one)

1. Authorisation to open and inter a grave
Where there is more than one owner, all owners must sign below to authorise the opening and interment in this grave.

2. Application for burial
Where the deceased is the/a grave owner, only a signature of the applicant for the burial is required.

3. Application for ownership of the grave
For new graves, one or two persons may be registered as the owner(s). The deed to the grave will be issued to the person listed as owner 1.

Owner/applicant 1

Name (Mr/Mrs/Miss/Ms) _____

Address _____

_____ Postcode _____

Telephone _____

Email _____

Signed _____ Date _____

Owner/applicant 2 (if applicable)

Name (Mr/Mrs/Miss/Ms) _____

Address _____

_____ Postcode _____

Telephone _____

Email _____

Signed _____ Date _____

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for the auditing or administering public funds for these purposes.

Correspondence

Correspondence should be directed to
The Cemeteries Office
East Sheen Cemetery
Sheen Road
TW10 5BJ

Tel: 020 8876 4511
Fax: 020 8785 3448
Email: cemeteries@richmond.gov.uk

Cheques payable to **LBRUT (London Borough of Richmond Upon Thames)**