

NOTICE OF INTERMENT

This form must be faxed or emailed with all **highlighted areas** completed within **24 hours of the initial booking**. This will confirm the booking with the cemetery.

The full, completed form (along with the green certificate for burial) must be faxed or emailed once it is signed by the grave owner(s) or applicant for burial. **The coffin size is required three working days before burial**. Original paperwork may be delivered prior to or on the day of burial.

Proof of Residency must be sent to the office no later than three days before the day of burial.

Person to be buried

Full name (Mr/Mrs/Miss/Ms)

Home address at time of death

Postcode

Date of death

Age

Resident

Non-resident

Grave owner: Yes No

Details of interment

Cemetery

Richmond

East Sheen

Twickenham

Teddington

Old Mortlake

Hampton

Day and date of burial

Time

Type of service

Direct to grave

Chapel (additional fee)

Denomination

Special requirements

Family to back fill grave

Large attendance expected

Other

Details of grave

New grave:
(allocated by cemetery)

Traditional

Lawn

Public/Unpurchased

Reopen

No.

Section

Depth of Grave

(for a new grave)

Standard
(depth for two)

Depth for three
(Teddington & Twickenham only)

Depth for four
(Teddington & Twickenham only)

Regular coffin

Casket or straight edged coffin
(additional fee, no metal)

Size

Funeral director

Phone

Address

Fax

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.

4. Burial in a public/unpurchased grave*
The next of kin or person arranging the burial must sign the declaration below.

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 _____

*I clearly understand that the interment is to take place in a public or unpurchased grave, in which other people are, or will be, buried and it is not desired to purchase a private grave for this interment.

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
Email: cemeteries@richmond.gov.uk

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