Notice of interment



The areas **shaded in red** should be completed and the form emailed to <u>cemeteries@lbhf.gov.uk</u> to confirm the burial booking within **48 hours of the booking being made**.

Once the full form has been completed and signed by the grave owner/applicant, this must be emailed to the cemetery together with the green certificate. The original paperwork can be delivered prior to or on the day of the burial.

The coffin size is required three working days before the burial.

1. Person to be	buried							
Title: (inc title Mr/Mrs/Ms etc.)								
Full Name:								
Home address at date of death:								
Date of death:						Age:		
□ Resident		☐ Non-resident				Grave owner: ☐ Yes ☐ No		
O Details of in								
2. Details of int	terment							
Cemetery:		☐ Mortlake				☐ North Sheen		
		☐ Margravine				□ Fulham		
Day and date of burial:						Time:		
Type of service:		☐ Direct to grave				☐ Chapel (Additional fee)		
Religion:								
3 Special requi	rements							
3. Special requirements ☐ Family to back fill grave		☐ Large attendance expected				☐ Other (Please state below)		
	9.475						10000	
4. Details of gra	ive							
□ New Grave		☐ Standard depth for 2				☐ Depth for 3		
☐ Reopen		Section:				Number:		
☐ Regular coffin		☐ Casket		Size:		,		
		(Includes straight edge coffins over 6'8"x26")		(Outside measu inches only. No measurements				
Funeral director:			Pl	hone:				
Address:			E	mail:				

Name of deceased:											
Grave ownership (tick one)											
in the grave All owners must sig	1. Authorisation to open and inter in the grave All owners must sign where there is more than one owner, to authorise burial in the			3. Application for ownership of a new grave One or two persons may become registered owner(s) for a new grave. We will send the deed to the person who signs as owner 1.							
 2. Application for owners' burial Only a signature of the applicant is required where the deceased is the grave owner. 			unpurcha The decla	ion for burial in an ased grave* aration below must be signed by of kin or person arranging the							
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 do not desire to purchase a priva grave in which other people are, or This authority is under a duty to pro this form for the prevention and det administering public funds for these	will be, buried in. tect the public funds it adminis ection of fraud. It may also sha	ters, an	d to this end may	use the i	information you ha	ave provided on					
Correspondence should be dire		For office use only									
The Cemeteries Office, North Sheen Cemetery			Purcha	ise	£						
Lower Richmond Road Richmond, Surrey,			Interme		£						
TW9 4LL			Extra d	•	£						
Tel 020 8878 1934 Email cemeteries@lbhf.gov.uk		-	Chapel		£						
To pay by card please tick this I			Total £								
Cheques payable to: LBHF (Lon-	Receip	τ									