Notice of Interment - Cremated Remains

This notice must be completed and received by the Cemetery Office by **12 noon on the day preceding at least five clear working days** before the agreed interment date (or seven working days for a bricked grave) along with the certificate for burial.



Please also, if possible, email this form to the Cemetery Office as soon as the initial booking has been made.

Details of the Dece	eased							
Full name (Mr/Mrs/Miss	s/Ms)							
Address of the decease	d							
			F	Postcode				
Place of death								
Date of death				Age				
If a minor, details of Pare	a minor, details of Parents or Guardians							
Resident	Non-resident		Grave ow	ner: Yes	No			
Details of Interment								
Cemetery	Ashford	Stanwell	Staines	Sunbury				
Day and date of burial				Time				
Use of Chapel	Yes	No (Chapels at Asl	hford and St	aines Cemeteries Only)				
Special Requirements	Family to back fill g	grave	Large atte	endance expected	Other			
	If other, please describ	be						
Details of plot New plot	GOR	Earthen Plot						
Proposed number of inte	erment: 1	2	_	lot details if known:				
Re-open	GOR	Earthen Plot*	Row/ Section	N	0.			
* Burial of cremated rem bookings will not be agre								
Container type Crematorium contair	ner Cask	xet Urr	1	Scatter tube	Other			
Actual size in inches:	Length	Width		Height				
Funeral Director or	' Arranger's details	\$						
Name								
Address								
Phone			Date					

Grave Ownersh	nip							
Name of Deceased	ı							
Please tick stateme	nt that apply to your	circumstances.						
	to re-open and int	er a grave* orise the opening and intermen	in this grave.					
Name of the last person interred								
	ased is the grave ow	ner, only a signature of the appl transferred to erect a memoria			e ownership of			
State relationsh owner	ip to the grave							
3. Application for ownership of the grave. For new graves, one person may be registered as the owner. The deed to the grave will be issued to the person listed on the application.								
Resident of Spel	thorne Borough Co	uncil: Yes No						
		/unpurchased grave** the burial must sign the declara	tion below.					
*I authorise the ope Spelthorne Borough opening of this Grav	Council, their Emp	o loyees and Agents against any	and I hereby under claim or costs they r	take to inden nay sustain a	nnify s a result of the			
or will be, buried an	d it is not desired to	nt is to take place in a public or purchase a private grave for the and that I will not be entitles to	is interment. I also c	onfirm and a				
Owner/Applico	ınt							
Owner/Applico								
Full name (Mr/Mrs/	Miss/Ms)							
Full name (Mr/Mrs/	Miss/Ms)		Postcode					
Full name (Mr/Mrs/	Miss/Ms)		Postcode					
Full name (Mr/Mrs/ Home Address Telephone	Miss/Ms)		Postcode					
Full name (Mr/Mrs/ Home Address Telephone Email_	Miss/Ms)		Postcode					
Full name (Mr/Mrs/ Home Address Telephone	Miss/Ms)		Postcode					
Full name (Mr/Mrs/ Home Address Telephone Email Signature	Miss/Ms)							
Full name (Mr/Mrs/ Home Address Telephone Email Signature (Registered Owner)	Miss/Ms)							
Full name (Mr/Mrs/ Home Address Telephone Email Signature (Registered Owner Witness Witness (Print Full N	Miss/Ms)		ate					
Full name (Mr/Mrs/ Home Address Telephone Email Signature (Registered Owner Witness Witness (Print Full N	Miss/Ms)		ate					
Full name (Mr/Mrs/ Home Address Telephone Email Signature (Registered Owner Witness Witness (Print Full N	Miss/Ms)		ate					
Full name (Mr/Mrs/ Home Address Telephone Email Signature (Registered Owner Witness Witness (Print Full Notes) Witness Full Address	Miss/Ms)		Postcode					