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	ased						
Full name (Mr/Mrs/Miss	/Ms)						
Address of the deceased							
	Postcode						
Place of death							
Date of death	eath Age						
If a minor, details of Parents or Guardians							
Resident	□ Non-resident Grave owner: □ Yes □ No						
Details of Intermen	t						
Cemetery	Ashford Stanwell Staines Sunbury						
Day and date of burial	Time						
Use of Chapel	Yes No (Chapels at Ashford and Staines Cemeteries Only)						
Special Requirements	Family to back fill grave Large attendance expected Other						
	If other, please describe						
Details of plot							
New plot	GOR Earthen Plot						
Proposed number of inte	erment: 1 2 Plot details if known:						
Re-open	GOR Earthen Plot* Section No.						
	ains in an existing Earthen Plot are at the discretion of the Cemetery Office and eed until a site inspection has been undertaken by Council Officers.						
Container type							
Crematorium contain	er Casket Urn Scatter tube Other						
Actual size in inches:	LengthWidthHeight						
Funeral Director or	Arranger's details						
Name							
Address							
Phone	Date						

Version 1 - February 2025 Page 1 of 2

Grave Ownership								
Name of Deceased								
Please tick statemen	t that apply to you	ır circumstances.						
 1. Authorisation to re-open and inter a grave* The owner must sign below to authorise the opening and interment in this grave. 								
Name of the last person interred:								
	sed is the grave o	vner, only a signature of the applice transferred to erect a memorial			e ownership of			
State relationshipowner	p 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 Speltl	norne Borough Co	ouncil: Yes No						
	•	c/unpurchased grave** the burial must sign the declarat	ion below.					
*I authorise the open Spelthorne Borough opening of this Grave	Council, their Em	no ployees and Agents against any c	and I hereby undert laim or costs they n					
** I clearly understar or will be, buried and	nd that the intermo	ent is to take place in a public or uo purchase a private grave for thi e and that I will not be entitles to	s interment. I also co	onfirm and ac				
Owner/Applica	nt							
Owner/Applicate Full name (Mr/Mrs/M								
Full name (Mr/Mrs/N	/liss/Ms)							
Full name (Mr/Mrs/N	/liss/Ms)		_ Postcode					
Full name (Mr/Mrs/N	/liss/Ms)							
Full name (Mr/Mrs/N Home Address Telephone	/liss/Ms)							
Full name (Mr/Mrs/N Home Address Telephone	/liss/Ms)							
Full name (Mr/Mrs/N Home Address Telephone Email_ Signature	/liss/Ms)							
Full name (Mr/Mrs/N Home Address Telephone Email_ Signature (Registered Owner)	Aiss/Ms)							
Full name (Mr/Mrs/N Home Address Telephone Email_ Signature (Registered Owner) Witness Witness (Print Full Name)	Aiss/Ms)		te					
Full name (Mr/Mrs/N Home Address Telephone Email_ Signature (Registered Owner) Witness Witness (Print Full Name)	Aiss/Ms)	Da	te Postcode					
Full name (Mr/Mrs/N Home Address Telephone Email_ Signature (Registered Owner) Witness Witness (Print Full Name)	Aiss/Ms)	Da	te Postcode					
Full name (Mr/Mrs/N Home Address Telephone Email_ Signature (Registered Owner) Witness Witness (Print Full Name)	Aiss/Ms)	Da	te Postcode					

Version ¹ - February ²⁰²⁵ Page ² of ²