

Notice of Interment

This notice is to be delivered to the Cemeteries Office, Breakspear Crematorium, Breakspear Road, Ruislip, Middlesex HA4 7SJ at least two working days prior to the interment date

CEMETERY (please circle or tick as appropriate)										
Cherry Lane			Harlington					Harmondsworth		
Hillingdon & Uxbridge				Northwood				Victoria Lane		
West Drayton										
BURIAL (please complete all sections)										
Date:		Day:			Time:			Mourner backfill: Yes/No		
Use of Chapel: Yes / No		Time at chapel:			Religio		Religion:	on:		
DECEASED (please complete all sections)										
Surname:										
First name(s):										
Title: (e.g. Mr, Mrs, Ms)			Occu			pation:				
		ngle	Ma			Civil Partnershi			Divorced	
Address inc postcode:		dow	Widower			Surviving Civil Partne			Unknown	
Address the postcode.										
Date of Death:				Age at Death:			:h:			
Place of Death:										
APPLICANT FOR FUNERAL (please complete all sections)										
Surname:										
First Name(s):										
Title: (e.g. Mr Mrs Ms)										
Address inc postcode:										
				_						
Phone:				Relationship to deceased:						
Email:				Signature:						
COFFIN DETAILS (please complete all sections)										
Coffin □				Casket □				Ashes □		
External dimensions: Length			Width			I	Height			

GRAVE (please tick as appropriate)							
Type of grave	Lawn (subject to cemete	ery) Traditional (subject to cemetery)					
(Subject to availability)	New for 1	New for 2					
	New for 3	Infant for 1					
	Ashes	Public/Heritage					
Cemetery Section	Consecrated (C of E)	Un-consecrated					
	Roman Catholic	Gurkha (subject to regulations)					
	Muslim (coffined) for	Muslim (shroud) for 1					
	Woodland for 1	Columbaria Unit					
RE-OPENED OR RESERVED PRIVATE GRAVE (please complete if applicable)							
Section & Grave No:							
Name of deceased previo	ously interred:						
Date / Year of burial:		Memorial:					
REOPENED OR RESERVED PRIVATE GRAVE – CONSENT OF REGISTERED OWNER OF EXCLUSIVE							
RIGHT OF BURIAL (please complete if applicable) Surname:							
First Name(s):							
Title: e.g. Mr, Mrs, Ms							
Address inc postcode:							
Signature:							
Right of Burial, or for the burio	in a reopened or reserved gr al of the Registered Owner.	rave with the consent of the registered owner of the Exclusive be transferred through the Cemeteries Office before a burial					
HERITAGE/PUBLIC GRAVE — APPLICANT'S CONFIRMATION (please complete if applicable)							
that the deceased will be b	uried in a Public /Heritagonly memorial permitted	e right of burial in a private grave and I fully understand e grave, in which other unrelated bodies may be buried. on a Heritage grave is a simple tablet provided by the					
Signature:							
DETAILS OF FUNERAL DIRECTOR (please complete all sections) Company Name:							
Office Address inc postco	ode:						
2ee / daress me postee							
Phone:		Email:					
Name of person arrangin	g funeral:	Signature:					
. 3							