

Notice of Interment (For babies and children under 18 years)

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 tick as appropriate)										
Cherry Lane □		Harlington □			Harmondsworth 🗆					
Hillingdon & Uxbridge □			Northwood □				Victoria Lane □			
West Drayton □						L				
BURIAL (please complete all sections)										
Date: Day:		Time:		Time:			Mourner backfill: Yes/No			
Use of Chapel: Yes / No Time chap		oel required:		Religion:						
DECEASED (please complete all sections)										
Surname:										
First Name(s):										
Address inc postcode:										
Place of Death:										
Date of Death:			Age at Death:				Male / Female			
Name & Address	L									
of Parents:	Father:									
	רמנוופו.									
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			Height				

GRAVE (please tick as appropriate)										
Type of grave	Lawn (subject to cemetery)	Tı	raditional (subject to cemetery)							
(subject to availability, prevailing ground &	New for 1	N	ew for 2							
weather conditions)	New for 3	In	Infant for 1							
	Ashes	P	ublic / Heritage							
Cemetery Section	Consecrated (C of E)	U	n-consecrated							
	Roman Catholic	G	Gurkha (subject to regulations)							
	Muslim (coffined) for 1	N	Muslim (shroud) for 1							
	Woodland for 1	C	olumbaria 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 RESERV			GISTERED OWNER OF EXCLU	SIVE						
RIGHT OF BURIAL (please complete if applicable) Surname:										
First Name(s):										
Title: e.g. Mr, Mrs, Ms										
Address inc postcode:										
Signature:										
Owner Deceased: Yes/N	0									
1	= = =	e with the conse	nt of the registered owner of the E	xclusive						
Right of Burial, or for the burion in all other circumstances, ow		nsferred throual	n the Cemeteries Office before a bu	rial mav						
take place.		,		,						
			ION (please complete if applicable)							
I confirm that I do not wish to purchase the exclusive right of burial in a private grave and I fully understand										
that the deceased will be buried in a Public / Heritage grave, in which other unrelated bodies may be buried. I also understand that the only memorial permitted on a Heritage grave is a simple tablet provided by the										
Council on graves for adults.										
Signature:										
DE	TAILS OF FUNERAL DIREC	TOR (please com	plete all sections)							
Company Name:										
Office Address inc postco	ode:									
Phone:		Email:								
Name of person arrangin	g funeral:		Signature							