

# Interment Form

We are committed to being transparent about why and how we collect and use your personal data, in accordance with our Privacy Policy.

## RUNNYMEDE BOROUGH COUNCIL

Cemeteries Office, Ford Road,  
Chertsey  
KT16 8HG  
Tel: 01932-425752  
cemeteries@runnymede.gov.uk

*This Notice should be received, together with the proper fee, at the Cemetery Office at the above address AT LEAST FOUR CLEAR WORKING DAYS previous to any interment; or, if in a Vault or Brick Grave, then SEVEN CLEAR WORKING DAYS; exclusive of Saturday, Sunday, or Public Holidays. **All memorial removals are the responsibility of the family/person arranging the interment and should be removed prior to an interment to prevent any delays. Please arrive no earlier than 15 minutes before service to allow time for preparation.***

NOTICE OF INTERMENT IN \_\_\_\_\_ SECTION \_\_\_\_\_ GRAVE \_\_\_\_\_

### DATE & TIME AT CEMETERY – BURIAL DETAILS

DAY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

**FULL BURIAL:** New for one ☐ New for two ☐ Re-open ☐

**CREMATED REMAINS:** New ☐ Re-open ☐

**EXACT** Outside Dimensions of Coffin / Casket / Urn (Inches) Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

Brick Vault \_\_\_\_\_ YES / NO

### DETAILS OF PERSON TO BE INTERRED

Full Names of Deceased (**block capitals**)

Mr ☐ Ms ☐ Miss ☐ Mrs ☐

Permanent Address of Deceased  
*Please note, treble fees may apply for non-residents*

Address Where Death Occurred

Date of Death

Age

If Minor, give details of Parent or Guardian

Denomination of Grave Site (**full burial only**)

Church of England ☐  
Consecrated ☐ Un-consecrated ☐ (please tick)

### GRAVE OWNERSHIP & PREVIOUS HISTORY

**If a re-open please state**

Full names of owner \_\_\_\_\_

Full names of person last interred \_\_\_\_\_

Date of last interment \_\_\_\_\_

### FUNERAL DIRECTOR DETAILS

Name and Address of Funeral Director \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

**N.B. ONE OF THE DECLARATIONS ON THE REVERSE OF THIS FORM MUST BE COMPLETED**

## NEW PURCHASED GRAVE

If more than one purchaser, suggest use separate Pre-Purchase Form.

I wish to purchase the Exclusive Right of Burial in a grave space, of which details appear in Part 1 of this form and request that the Deed of Grant be made to :

\_\_\_\_\_ State title, full forename(s) & surname – BLOCK LETTERS Please

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel: \_\_\_\_\_ Email \_\_\_\_\_

I acknowledge I am aware that no form of memorial, other than that prescribed under the Council's Regulations will be allowed to be placed on the purchased grave.

**Signed** \_\_\_\_\_

If you have any questions or subsequently wish to add a second person to the Deed of Grant, please contact the Cemetery Office.

## OPENING OF PURCHASED GRAVE

I, THE UNDERSIGNED being the \_\_\_\_\_ (**NB** please state if **Owner** or **Executor** of Owner or **Relationship** to Owner)

exercising the Exclusive Rights of Burial in Grave No \_\_\_\_\_ hereby authorise its opening for the purpose of the interment of the deceased (or the cremated remains of the deceased) named in Part 1 hereof.

I HEREBY undertake to hold the RUNNYMEDE BOROUGH COUNCIL their servants and agents harmless and indemnified against all actions proceeding claims and demands, costs, damages and expenses, which may be brought against them or which they may pay sustain or incur by reason of the said grave having been re-opened under this Authority.

**Signed** \_\_\_\_\_ Full names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel: \_\_\_\_\_ Email \_\_\_\_\_

**Signed** (if joint grantee) \_\_\_\_\_ Full names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel: \_\_\_\_\_ Email \_\_\_\_\_

**NOTE** Where the person to be buried is the deceased Owner, no further interment in the work on the grave will be allowed until the necessary steps have been taken to register a new owner.

### FOR OFFICE USE ONLY

Grant No \_\_\_\_\_

Transfer Req'd: Yes / No \_\_\_\_\_ Letter sent \_\_\_\_\_

Plan Marked \_\_\_\_\_

Summary, Invoice or Green Sheet no. \_\_\_\_\_

### Fees Due:

Purchase: \_\_\_\_\_

Interment \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_