

Interment No.



Interment Form

Issued by the London Borough of Lambeth

Please tick one box

Lambeth Cemetery: Blackshaw Road, Tooting, London SW17 0BY Tel: 020 8672 6342 Fax: 020 8682 2368

Streatham Cemetery: Garratt Lane, London, SW17 0LT (Administered by staff at Lambeth Cemetery.)

West Norwood Cemetery: Norwood Road, London SE27 9JU Tel: 020 7926 7999 Fax: 020 7926 8030

NB: Interment forms for Lambeth and Streatham Cemetery are to be returned to the Lambeth Cemetery Office. Forms for West Norwood Cemetery to be returned to the West Norwood Cemetery office. Please complete all relevant areas of the application.

*Please delete as appropriate where necessary.

Interment on Day: _____ Date: _____ Time: _____ AM/PM

Full Name of the deceased: Mr/Mrs/Miss/Ms* _____ Age: _____

Full Home Address: _____

Resident of Lambeth: YES/NO

Place of Death: _____

Name of Officiant or Celebrant to officiate: _____ (There is no on site minister available at the Cemetery.)

Use of the Cemetery Chapel? YES/NO _____

Denomination: _____ Will the hearse be horse drawn? YES/NO _____

Coffin/Casket* _____ Will the Coffin or Casket be opened for viewing in the Chapel? YES/NO _____
Outside measurement of Coffin/Casket: _____ (It must be sealed before committal.)

Do you anticipate a large attendance? YES/NO _____ **NB: Metal Coffins/Caskets are not allowed.**

Funeral Director's name: _____ Telephone: _____

Address: _____

Payment: Cheque/Account*. NB: Cheques or postal orders should be made payable to the 'London Borough of Lambeth'

1. To be completed for a New Grave only (see overleaf for a re-opening of an existing grave - Section 2 or 3 overleaf):

New Grave / Crem plot*: YES/NO* _____ New Grave for 1 / 2* _____ Lease period required: 25 / 50 / 75* years _____

Please complete the details of who is to be the registered owner of the new grave below:

Full Name: Mr/Mrs/Miss/Ms* _____

Full Address: _____

The person Registered as 'owner' MUST SIGN the following declaration before interment can take place: I HEREBY AGREE that I understand that all rights that are purchased are subject to the Council's Regulations in force now, and may be amended from time to time.

Signature of new registered Owner: _____ Date: _____

FOR OFFICE USE ONLY

Remittance: £ _____ Receipt/Invoice No. _____

Grave No. _____ Purchase Reg No. _____

Day Book Register: _____ Date: _____

Re - opening of an Existing Grave

NB: we will require the original Deed of Grant to be produced with this interment form prior to the interment. The deed will be returned to the owner on the day of interment. If you do not hold the original deed, the owner/applicant will be required to produce a sworn Affidavit (at a Solicitors or by a Commissioner of Oaths) as a substitute.

2. To be completed for Re - opening of an existing Grave (Not Owner's Burial - complete section 3 and 4)

LOCAL AUTHORITIES CEMETERIES ORDER 1977 Article 10(6), no body must be buried, or cremated human remains interred or scattered, in or over any grave or vault in which an exclusive right of burial for the time being subsists except by, or with the consent in writing of, the owner of the right of burial.

Number to be interred: _____ Cremated Remains: YES/NO* _____ Document produced: Deed/Affidavit* _____

I/We* hereby authorise my/our* Grave No. _____ to be opened for the named interment. _____

Full Name: Mr/Mrs/Miss/Ms* _____

Full Address: _____

Signature of registered Owner/s*: _____ Date: _____

3. To be completed for an Owner's Burial only (Please also complete section 4):

Number to be interred: _____ Cremated Remains: YES/NO* _____ Document produced: Deed/Affidavit* _____

I, the undersigned am the Executor/Next of Kin/Person acting on behalf of deceased owner*.

Relationship to Deceased: _____

Authorise Grave No. _____ to be opened for the named interment. _____

Full Name: Mr/Mrs/Miss/Ms* _____

Full Address: _____

Signature of applicant: _____ Date: _____

4. Transferring ownership

NB: if the ownership is not transferred to a living family member regulations will not allow any further burials or memorial applications for this grave

Do you wish to have the ownership of the grave transferred to you? YES/NO* _____

If you do not wish to have the ownership, is there another family member who will take the ownership? YES/NO* _____

If yes this person will need to sign the following declaration: I am the proper person to be recorded as owner of such right in the register maintained by the London Borough of Lambeth and if necessary to give authority for the grave to be re-opened for burial and I indemnify The London Borough of Lambeth against any claim to ownership of the grave or of such Exclusive Right of Burial.

Full Name: Mr/Mrs/Miss/Ms* _____

Relationship to Deceased: _____

Full Address: _____

Signature of new owner: _____ Date: _____