



Harrow Road, London, NW10 5NU

Phone: 0208 969 1145

Email: stmarys@secularclergy.org.uk

Registered Charity: Secular Clergy Common Fund

Registered Charity Number: 234473(1)

NOTICE OF INTERMENT FORM

This form should be fully completed and emailed to stmarys@secularclergy.org.uk to confirm the burial booking within 48 hours of the booking being made. Once the full form has been completed and signed by the grave owner/applicant, this must be emailed to the cemetery together with the burial/coroner's order (green cert) and coffin size form.

The original paperwork can be delivered prior to or on the day of the burial. The coffin size form is required no less than **three** working days before the burial.

Fees payable to St Mary's cemetery need to be received by bank transfer a minimum of two clear working days to avoid cancellation or delay. Bank details are provided below, to reduce the risk of fraud, please carry out your own security checks before making payment.

DETAILS OF THE DECEASED

| |
|--------------------|
| Full Name: |
| Permanent Address: |
| Date of birth: |
| Age at death: |
| Gender: |
| Religion: |
| Date of Death: |
| Place of Death: |

DETAILS OF INTERMENT

| |
|---|
| Date of burial: |
| Time of burial: |
| Name of Parish Church: |
| Name of officiating Priest: |
| Type of Service: <i>(please circle)</i> DIRECT TO GRAVE USE OF CEMETERY CHAPEL |



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SPECIAL REQUIREMENTS

| | | |
|---|--------------|----------------------|
| If using chapel <i>(please circle)</i> | REQUIEM MASS | FUNERAL SERVICE ONLY |
| Horse drawn carriage: <i>(please circle)</i> YES/NO | | |
| Large numbers expected: <i>(please circle)</i> YES/NO | | |
| Other: <i>(please specify)</i> | | |

DETAILS OF GRAVE

New Private Grave *This is a grave which has a Right of Burial (Deed) issued and can only be used on the signature of the grave owner (Deed holder).*

| |
|--|
| Type of Grave: <input type="checkbox"/> LAWN FOR BURIAL COFFIN <input type="checkbox"/> LAWN FOR BURIAL ASHES <i>(please circle)</i> |
| New Graves Coffin Type: Due to grave sizes, only standard coffins are permitted |
| Existing graves Coffin Types: Only Standard coffins, unless existing plot permits <i>Seek prior approval from Cemetery Manager</i> |
| Type of Receptacle for cremated remains: <i>(please specify including size)</i> |
| Coffin Size: in feet and inches Length: Head: Shoulder: Feet: Also Please complete additional Coffin Size Form |
| Total Interments Required: one/two (maximum two) <i>(please circle)</i> |

Reopen Grave (FOR BURIAL COFFIN) *A Grave in which a Right of Burial has been previously issued and can only be used on the signature of the grave owner (Deed holder) or owner burial.*

| | | | |
|------------------------------|--|---|--------|
| Grave Number: | | Row/Section | |
| Plot Name | | Owner burial <i>(Following burial, a change of ownership will be required)</i> | YES/NO |
| Name of person last interred | | Date of last Interment | |

Reopen Grave (FOR BURIAL ASHES) *A Grave in which a Right of Burial has been previously issued and can only be used on the signature of the grave owner (Deed holder) or owner burial.*

Copy of the Certificate of cremation is required with this form



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| | | | |
|------------------------------|--|---|--------|
| Grave Number: | | Row/Section | |
| Plot Name | | Owner burial <i>(Following burial, a change of ownership will be required)</i> | YES/NO |
| Name of person last interred | | Date of last Interment | |

Please include any additional information we need to be aware of here:

THIS SECTION MUST BE COMPLETED BY THE FUNERAL DIRECTOR/ARRANGER

Name of Funeral Directors:

Name of Funeral Arranger *(person signing below)*:

Address:

Telephone:

Email address:

By signing below, you are confirming the cemetery Rules and Regulations have been provided and discussed with the applicant.

Signature:

Date:



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DECLARATION (one of the following declarations, whichever is applicable, must be signed and dated)

New Grave Purchase (burial or ashes)

I wish to purchase the Exclusive Right of Burial in a grave space, of which details appear above and request that the Deed of Grant be made to the named applicant below.

I acknowledge that **no form of memorial, other than that prescribed under the cemetery regulations**, as issued with the Grave Deed, can be placed on the purchased graves, either temporarily or permanently. A permit must be obtained from the cemetery office by instructed Monumental Masons in order for this to take place.

I have been advised by the Funeral Director of the **Cemetery Regulations** and the fees payable, which I understand, I agree to comply with, and I am happy to proceed.

Full Name of Grave Owner: *(single ownership only)*

Full Postal Address:

Telephone number:

Email Address:

Signature:

Dated:



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Re-Opening of Purchased Grave (burial or ashes)

I, the undersigned being the..... (Owner/State relationship to owner) exercising the exclusive Rights of burial in the above numbered grave.

I hereby authorise its opening for the purpose of burial of the deceased or the cremated remains of the deceased named above. I give permission that any existing memorial can be removed before burial and replaced under the direction of the Cemetery Superintendent/Foreman. I understand that they accept no responsibility for any loss or damage that may occur during the removal/replacement process. (If the Cemetery is unable to remove the memorial for whatever reason, the Funeral Directors will be able to assist you to make alternative arrangements using a certified Memorial Mason). The memorial will be replaced back to its original location only after a minimum of 12 months.

I have been advised by the Funeral Director of the Cemetery Regulations which I understand and agree to comply with.

Full Name of Grave Owner/If Owner's burial next of kin: *(single ownership only)*

Full Postal Address:

Telephone number:

Email Address:

Signature: Dated:

PRIVACY NOTICE

We take your privacy very seriously and will only use your personal information to administer your Grave Deed and to provide services that you have requested from us.

However, we may need to contact you by post or email regarding your grave ownership/Headstone. If you consent to us contacting, you for this purpose please tick here

We would also like to pass your details onto Funeral Directors whom you may wish to instruct in the future in order for further burials or the interment of ashes to take place or members of the public who may have a direct relationship to you and wish to bury in the said grave.

It is the Grave owner's responsibility to inform the cemetery office if their address changes, so that our records can be kept up to date.

By signing below, you confirm you have read and agree with our privacy notice.

Full Name of Grave Owner:

Signature: Dated:



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BANK DETAILS

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|---|
| ACCOUNT NAME: ST MARY'S CATHOLIC CEMETERY |
| ACCOUNT NUMBER: 40724521 |
| SORT CODE: 40-07-28 |
| Please quote grave number or the deceased surname in reference, when making payment. |