

This form to be used for written confirmation of details already given verbally to the Cemetery Office by the Funeral Director

BARNET

LONDON BOROUGH

All communications regarding interments should be addressed to:

HENDON CEMETERY & CREMATORIUM

Holden Hill Road, Mill Hill,

London NW7 1NB

Tel: 020 8359 3370

hendoncemeteryandcrematorium@barnet.gov.uk

INTERMENT NOTICE (CREMATED REMAINS)

Date of making appointment _____

Interment to take place	_____ day, the _____ day of _____ 20 at _____ am/pm
Deceased's name in full (Block Capitals)	Surname _____ Other Names in FULL _____ Mr Mrs Miss Dr Other _____
Home address of deceased	_____
Date of cremation and cremation Number	Date _____ Cremation Number _____
Place of cremation	_____ Crematorium
Applicant's authorisation if remains held at Hendon Crematorium	Name (Block Capitals) _____ Signature _____ Tel. No. _____ (signature will be checked for authenticity) Address: _____ _____
Grave Owner's authorisation	Name (Block Capitals) _____ Signature _____ Tel. No. _____ (signature will be checked for authenticity) Address: _____ _____
Location of Plot/Memorial	Grave Number _____ Section _____
Inscription ready for appointment	Memorial inscribed / No inscription ordered

NB: The applicant is the person who made funeral arrangements and signed legal paperwork to allow the cremation to take place. If the cremation took place at Hendon Crematorium and these are currently held in our chapel, the applicant must give signed authorisation, as the ashes cannot be released without this.

Remains to be interred in	Metal Urn / Biodegradable Box / Wooden Casket Size of container _____
Cremated Remains Location	Bringing on the day by applicant / Returning before appointment by Funeral Director / Held at Hendon Cemetery
Family to witness	Yes / No
Any special instructions etc.	

FOR OFFICE USE ONLY

Remains to be interred as	Deceased's name _____ Year of death _____
Position in grave	Head left / Right Middle Left / Right Foot Left / Right
Payment	Card / Cheque / Cash Date _____ Amount Paid _____ Receipt Number on Bacas _____ Signature _____

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