

Application for interment

This application is to be delivered to the Cemetery with all payments **at least five working days** prior to interment.

WHO IS TO BE BURIED?

Full name	.....	Date of death	.....
Address	.....	Place of death	.....

	.....	Age	.....

WHEN AND WHERE?

Date	.....	Time	.....
Grave no.	.....	Minister	.....

CREMATED REMAINS

The remains are to be poured OR buried in a container Height.....Width.....Length.....

COFFIN OR CASKET BURIAL

Please complete information about the coffin or casket over the page.

WHO IS ARRANGING THE BURIAL?

Name of person or firm	.....	Phone	.....
Address	.....		.....

Email	.....	

AUTHORISATION OF ALL REGISTERED OWNER(S) *

I hereby authorise the opening of the above grave for the purpose indicated on the understanding that such interment can only take place if, in the sole opinion of Highgate Cemetery Ltd, there is sufficient space in the grave.

Signed	x	x
Full name	.....	.....
Registered address	.....
	
	
Email address	.....	* Authorisation is not required when the deceased is a registered owner of the grave

Coffin details

BURIAL

Full name

Date of burial

NAME OF UNDERTAKER CERTIFYING THAT THE DETAILS BELOW ARE CORRECT

Name

Signed

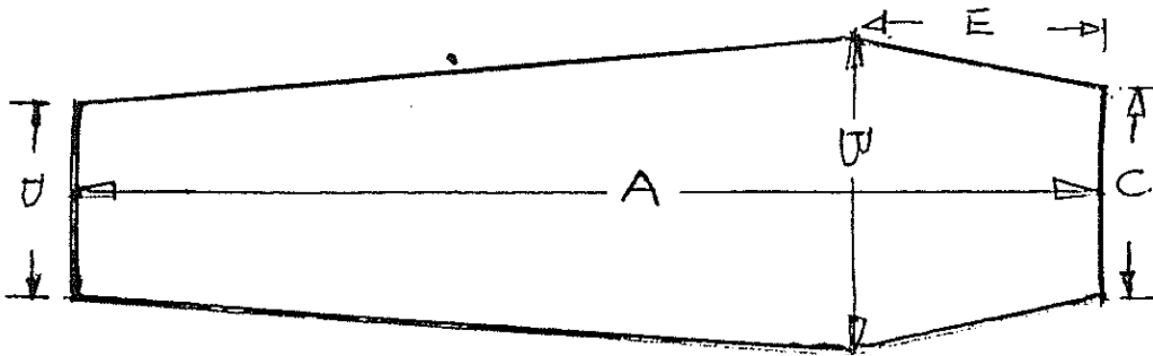
Date

CONSTRUCTION

Wood

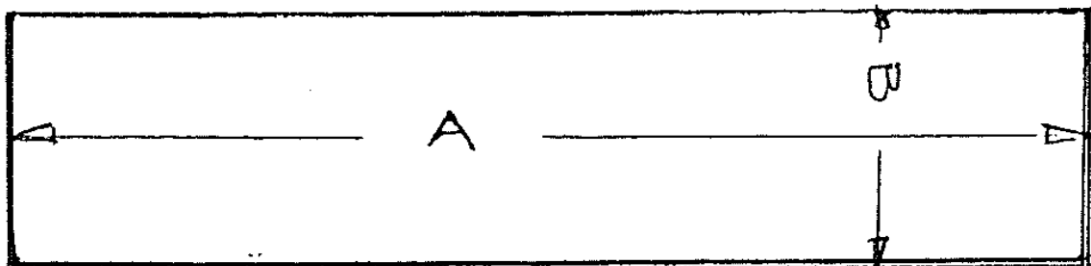
Wicker

Other



EXTERNAL DIMENSIONS OF COFFIN

A	B	C	D	E	HEIGHT



EXTERNAL DIMENSIONS OF CASKET

A	B	HEIGHT