Kemnal Park
Cemetery and memorial gardens

Kemnal Park Notice of Interment

Service Date: **Time:** **Service Type:**

Chapel Required Yes ☐ No ☐

Details of the Deceased

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ (Please State) Child/Infant ☐

Surname: ..... First Name/s: .....

Gender: Male ☐ Female ☐

Address:

.....

.....

Postcode: .....

Status: Single ☐ Married ☐ Civil Partnership ☐ Widowed ☐ Surviving Civil Partner ☐

Age at Death: Years Months Weeks Days Hours ☐ Stillborn

Place of Death: .....

Details of the Applicant/s

If the applicant(s) are not to be the Registered Grave Owner page 2 also needs to be completed

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname: .....

First Name/s: .....

Gender: Male ☐ Female ☐

Address: .....

.....

.....

Postcode:
Telephone:
Mobile:
Email:
Relationship to the Deceased:

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname: .....

First Name/s: .....

Gender: Male ☐ Female ☐

Address: .....

.....

.....

Postcode:
Telephone:
Mobile:
Email:
Relationship to the Deceased:

Declaration of the Applicant/s

I hereby apply for an Interment plot at Kemnal Park Cemetery and Memorial Gardens.

I would like to know about aftercare options and events by email ☐ by post ☐

Signed:

Date:

Signed:

Date:

Details of the Purchaser of the 'Exclusive Rights of Burial' Only the Registered Owner has the right to bury in the grave space and to place and maintain any memorial.

Please note an administration fee will apply if the Deed needs to be changed / transferred after issue.

☐ I, the applicant, am purchasing and will be the Registered Owner of the 'Exclusive Rights of Burial':

Signed: Date:

If the person purchasing the 'Exclusive Rights of Burial' is not the applicant please continue below.

☐ The Registered Owner of the 'Exclusive Rights of Burial' is:

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname: .....

First Name/s: .....

Address: .....

.....

.....

Postcode:

Telephone:

Mobile:

Email:

Relationship to the Deceased:

Signed:

Date:

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname: .....

First Name/s: .....

Address: .....

.....

.....

Postcode:

Telephone:

Mobile:

Email:

Relationship to the Deceased:

Signed:

Date:

Details of the existing Registered Owner of a Grave to be re-opened

☐ The Registered Owner of the 'Exclusive Rights of Burial' of:

Section: ..... Grave Number: .....is

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ (Please State)

Surname: ..... First Name/s: .....

Relationship to the Deceased: .....

Signed: Print Name:

Date:

Where the Registered Owner of the 'Exclusive Rights of Burial' is deceased, the ownership must be transferred. Please telephone the Kemnal Park Office on 020 8300 9790 to arrange this.

Grave Application - At need

☐ Traditional	For two coffins or caskets - First Interment	
☐ Lawn	For two coffins only - First Interment	
☐ Baby & Child	☐ 10 Years (If more than 10 Years please tick below)	
☐ Woodland	For one coffin	
☐ Gallantry	For two coffins only - First Interment	
☐ Turkish	For two coffins or caskets - First Interment	
☐ Private Garden	First Interment	
☐ Family Gated Garden	First Interment	
☐ Mausoleum	First Interment	

☐ 25 years ☐ 50 years ☐ 75 years ☐ 99 years

Grave Number: .....

☐ First Interment ☐ Second Interment

Funeral Details

Funeral Director Stamp

Funeral Director: .....

Company: .....

Address: .....

.....

.....

Postcode: .....

Telephone: .....

Fax: .....

Email: .....

Funeral Arranger: .....

Signed: Print Name:

Date:

Religion: Officiate:

Hearse

Standard ☐ Horse drawn ☐ Motorcycle ☐ Other ☐ (see below)

Other - please specify:

Number of cars:

Memorial Removal: ☐ By Funeral Director ☐ By Cemetery Staff

Special Requirements

Graveside Backfill	Yes ☐ ½ Token by Family	Yes ☐ Full by Family	No ☐ The Grave will be filled by the cemetery staff shortly after the service.
Coach Parking	Yes ☐	Number:	
Graveside Chairs	Yes ☐	Number:	Please note we have a limited number of chairs

Details of Coffin

Type: Coffin ☐ Casket ☐ Other ☐

If other please specify: .....

Construction: Solid wood ☐ Veneered ☐ Willow ☐ Seagrass ☐ Bamboo ☐ Cardboard ☐

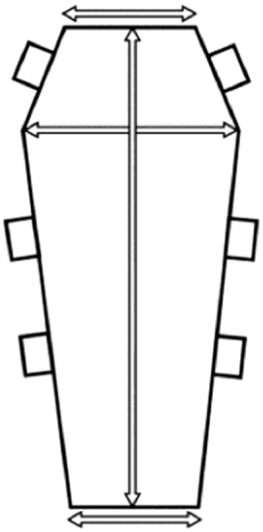
Other ☐

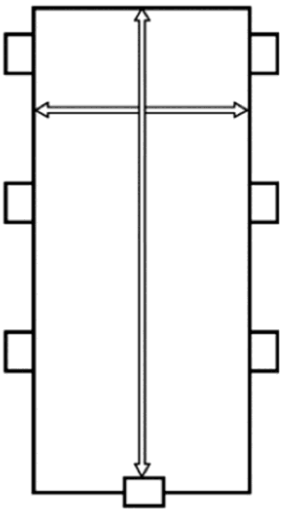
If other please specify: .....

Measurements

Coffin	Casket
Length _____Feet_____Inches	Length _____ Feet_____Inches
Widths:	Width _____ Inches
At Shoulder _____Inches	Depth _____ Inches
At Head _____Inches	Handle Size _____ Inches
At Foot _____Inches	Handle Type Flexible ☐
Handle Size _____Inches	Fixed ☐
Handle Type Flexible ☐	
Fixed ☐	

Please tick if a heavy coffin or Casket ☐





Kemnal Park Cemetery
A20 Sidcup Bypass, Chislehurst, BR7 6RR
Telephone: 020 8300 9790 **Fax:** 020 8302 7260 www.kemnalpark.org