



St Patrick's Catholic Cemetery  
Langthorne Road  
Leytonstone  
E11 4HL

Phone: 0208 539 2451

Email: [stpatricks@secularclergy.org.uk](mailto:stpatricks@secularclergy.org.uk)

Registered Charity: Secular Clergy Common Fund  
Registered Charity Number: 234473(2)

## NOTICE OF INTERMENT FORM

This form should be completed and emailed to [stpatricks@secularclergy.org.uk](mailto:stpatricks@secularclergy.org.uk) to confirm the burial booking within 48 hours of the booking being made. The full form **must** be completed and signed by the grave owner, this must be emailed or delivered to the cemetery together with the burial/coroner's order (green cert) and exact coffin size in feet and inches.

The original paperwork can be delivered prior to or on the day of the burial. The coffin size is required at least three working days before the burial by email at the above address.

**Fees payable to St Patrick's cemetery must be received either by cheque or by bank transfer a minimum of two clear working days prior to burial, to avoid cancellation or delay. An invoice will be sent direct from our accounts system Xero when the burial has been booked. 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 Priest:
Type of Service:                      DIRECT TO GRAVE / USE OF CEMETERY CHAPEL <i>(please circle one)</i>



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### SPECIAL REQUIREMENTS

If using chapel: <i>(please circle)</i>	REQUIEM MASS / FUNERAL SERVICE ONLY
<b>TOKEN ONLY, NOT FULL - WITNESS BACKFILL REQUIRED:</b> <i>(please circle)</i>	YES / NO
Other: <i>(please specify)</i>	

### DETAILS OF GRAVE *(please choose one)*

- 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). The section is situated on reclaimed common ground. Within this area the ground level has been raised to create space for new burials, however, the existing remains have not been disturbed. A number of graves have been saved from the old section, therefore, **the space between graves will not permit graves to be used for the burial of caskets. Only traditional coffins are permissible.***

Type of Grave:	LAWN FOR BURIAL COFFIN / LAWN FOR BURIAL ASHES
<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 *	Yes
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**

Grave Number		Row/Section	
Plot Name		Owner Burial * <i>If YES please advise applicant that a Change of ownership will be required following owner interment</i>	YES / NO
Name of person last interred		Date of last Interment	

- Public Grave** *A grave where no right of Burial (Deed) is issued and several other unrelated Persons are/may be buried in this grave.*



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**THIS SECTION MUST BE COMPLETED BY THE FUNERAL DIRECTOR/ARRANGER**

Name of Funeral Directors:
Name of Funeral Arranger <i>(person signing below)</i> :
Address:
Telephone:
Email address:
<b>By signing below, you are confirming the cemetery Rules and Regulations have been provided and discussed with the applicant and you agree to follow said Rules and Regulations.</b>
Signature:
Date:

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

<b>New Grave Purchase (burial or ashes)</b>	
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.	
<b>I have been advised by the Funeral Director of the fees payable. I have read the Cemetery Regulations which I understand and agree to comply with, and I am happy to proceed.</b>	
Full Name of Grave Owner: <i>(single ownership only)</i>	
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 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 Manager/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 read the Cemetery Regulations which I understand and agree to comply with, and I am happy to proceed.**

Full Name of Grave Owner:

Full Postal Address:

Telephone number:

Email Address:

Signature:

Dated:

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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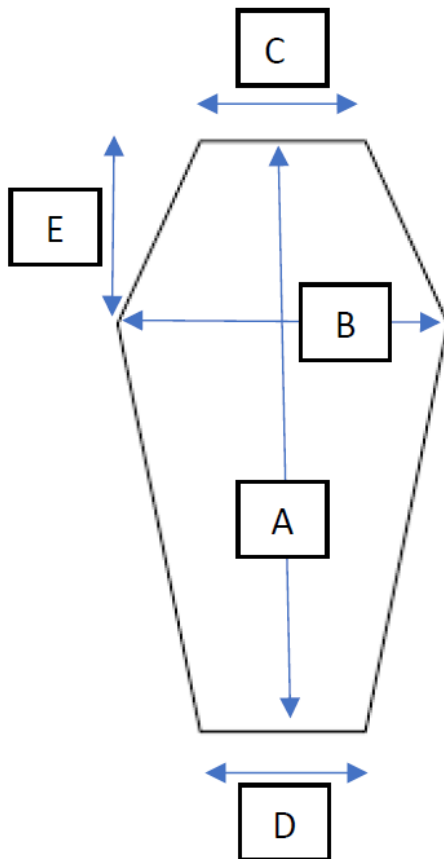
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## COFFIN SIZE FORM

This form should be completed and emailed to [stpatricks@secularclergy.org.uk](mailto:stpatricks@secularclergy.org.uk) 3 working days before the burial.

Name of Funeral Director:	
Date of Funeral:	
Name of the Deceased:	

### Exact External Coffin Measurements (including handles open)



	Measurements in ft and inches
A	
B	
C	
D	
E	
Depth	

Please mark on the diagram the position of the handles.

**Any additional information:**