



Lambeth

Exhumation Form

Lambeth Cemetery – Blackshaw Road, Tooting, London SW17 0BY (Tel: 020 8672 6342 / Fax: 020 8682 2368)
Streatham Cemetery – Garratt Lane, London SW17 0LT (Administered by staff at Lambeth Cemetery)

West Norwood Cemetery – Norwood Road, London SE27 9JU (Tel: 020 7926 7999 / Fax: 020 7926 8030)

NB: Exhumation forms for Lambeth and Streatham Cemetery are to be returned to the Lambeth Cemetery Office. Forms for West Norwood Cemetery are to be returned to the West Norwood Cemetery Office. Please complete all relevant areas of this application. **Please delete as appropriate where necessary*

Exhumation on Day: _____ Date: _____ Time: _____ am/pm*

Full name of the deceased: Mr/Mrs/Miss/Ms* _____ Age: _____

Full Home Address: _____

_____ Cremated Remains: Yes / No*

Total number to be disinterred: _____ (Please complete one form for each disinterment)

Name and Address of Undertaker: _____

_____ Tel No: _____

Payment: Cheque / Invoice* **NB: Cheques or Postal Orders should be made payable to the London Borough of Lambeth**

Re-Opening of Private Graves

NB: We will require the original Grant of Deed to be produced with this exhumation form prior to the disinterment. This will be returned to the owner on the day of the disinterment. If you do not hold the original deed the owner/applicant will be required to produce a sworn Affidavit (at a Solicitors or by a Commissioner of Oaths) as a substitute.

Document produced: Deed / Affidavit* Home Office licence attached: Yes / No*

I/We* hereby authorise my/our* Grave No. _____ to be opened for the above disinterment.

Title: Mr/Mrs/Miss/Ms* Full Name/s*: _____

Full Address: _____

Do you wish to relinquish your rights to the grave? Yes / No*

Signature of registered Owner/s*: _____ Date: _____

Exhumed Remains

Exhumed Remains to be: re-interred / cremated* Date of re-interment / cremation: _____

Name and Address of Cemetery / Crematorium: _____

_____ Tel No: _____

If applicable, Grave No for re-interment: _____

For Office Use Only	Receipt /Invoice	
Remittance £ _____	No. _____	Date: _____
Purchase Reg No: _____	Day book Reg Page No: _____	Day book Reg Entry No: _____
Home Office Licence No: _____		Date licence issued: _____