



LOVE LANE CEMETERY

APPLICATION FOR THE TRANSFER OF EXCLUSIVE RIGHT OF BURIAL

Please complete clearly and in black ink, to ensure details are recorded correctly, thank you.

1	Grave or plot number	
2	Name of registered owner of grave space	
3	Last address of registered owner	
4a	Full name to be registered as new owner	
4b	Address, tel. no. and email address of new owner	
5	Fee for transfer	

DECLARATION

(Delete the statements which do not apply)

- (a) I enclose a copy of the Will
- (b) Probate has been obtained and I enclose a sealed copy for registration.
- (c) Probate was not obtained.
- (d) I enclose a sealed copy of Letters of Administration for registration.
- (e) The estate was of insufficient value to necessitate these steps.

Deed of Grant

- Either: (a) I enclose the Deed of Grant for the plot
- Or (b) The Deed of Grant has already been given to the Town Council
- Or (c) The Deed of Grant has been irretrievably lost

Other next of kin/beneficiaries

- (a) I am the sole surviving next of kin of the current registered owner
- (b) I am the sole surviving beneficiary of the estate of the current registered owner
- (c) The only surviving next of kin are myself and the names shown below
- (d) I am the Executor of the Will of the deceased.

DECLARATION continued

I confirm that the registered owner as stated in no.2 overleaf is now deceased, and that the Exclusive Right of Burial in the above plot to the best of my knowledge and belief has not been sold or in any manner transferred or disposed of to any other person. I request this plot to be transferred to my name.

I agree to conform with the Cemetery Rules and Regulations as drawn up by Ongar Town Council and as may be amended from time to time.

I declare that to the best of my belief all the information contained in this form is true.

Signed..... **Date**.....

Form of Renunciation by next-of-kin/beneficiaries

I/we, the undersigned, hereby renounce all my/our interest and title in the Right of Burial in the grave or plot numbered in Section 1 overleaf and desire that the said Right of Burial shall be vested solely in the name set out in Section 4 overleaf.

Name Address	Name of Witness Address of Witness
Signed..... Date.....	Signed..... Date.....
Name Address	Name of Witness Address of Witness
Signed..... Date.....	Signed..... Date.....
Name Address	Name of Witness Address of Witness
Signed..... Date.....	Signed..... Date.....

Ongar Town Council, Basons, Basons Way, Ongar, Essex, CM5 9AS Tel 01277 365348
e-mail cemetery@ongartowncouncil.gov.uk www.ongartowncouncil.gov.uk