

| TRANSFER OF GRAVE GRANT N° | |
|---|--|
| (a) | I/WE HEREBY CERTIFY that it is the wish of the |
| | family that the Grant of Exclusive Rights of Burial in Grave Space numbered |
| | in Site Consecrated / General / Roman Catholic* at Greatness Park Cemetery |
| | be transferred to: |
| NAM | ИЕ |
| ADE | DRESS |
| | |
| | |
| NAN | ME OF DECEASED |
| I/We understand that there is a fee of \pounds payable in respect of such a transfer. | |
| • • | NAME & ADDRESS OF MEMBER(s) OF FAMILY OR EXECUTOR(s) OF DECEASED: |
| | NAME(s) |
| A | ADDRESS |
| | |
| S | SIGNATURE(s)DATE |
| NOTES: | |
| | The signature(s) required should be that/those of either the executor(s) of the deceased or family members indicating that it is their wish that the Grant be transferred to the person named at (a) above. |
| | One of the following must be presented to establish legal authority: A copy of Grant of Probate (bearing a Court Seal) |
| | A Letter of Administration A Statutory Declaration |
| | The original Grant of Exclusive Rights of Burial should be attached to this form for the necessary endorsement of transfer. Should you be unable to supply the original Grant, the Town Council will supply a photocopy duly endorsed. |

Please enquire at the address above if assistance is required in establishing which documents are needed.

Town Council Offices Bradbourne Vale Road Sevenoaks Kent TN13 3QG

tel: 01732 459 953 fax: 01732 742 577 email: council@sevenoakstown.gov.uk web: sevenoakstown.gov.uk