

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.

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