Cawood Parish Council

Exclusive Right of Burial Agreement

| SECTION 1: DETAILS OF APPLICANT |
| --- |
| Full Name of Applicant |  |
| Full Address including Postcode |  |
| Telephone |  |
| Email |  |
| SECTION 2: GRAVE PURCHASE DETAILS |
| FOR OFFICIAL USE ONLY |
| Deed of Grant Number |  |
| Register of Purchased Graves Number |  |
| Grave Number |  |
| Full Plot |  | Half Plot |  |
| Register of Burials Number (if applicable) |  |
| SECTION 3: AGREEMENT DETAILS |
| DECLARATION BY APPLICANT (Tick as appropriate) |
| I am the registered owner of the Exclusive Rights of Burial as recorded on the Deed of Grant. |  |
| I hereby confirm that I have been given a copy of the Cemetery Rules and Regulations.  |  |
| I hereby agree to adhere to the Cemetery Rules and Regulations. I understand that Cawood Parish Council may take any action they deem necessary should I, or my successors, fail to adhere to the Cemetery Rules and Regulations. |  |
| Signature  | Date |
|  |  |
| SECTION 4: APPROVAL |
| FOR OFFICIAL USE ONLY |
| Deed of Grant fee: |  | Receipt/invoice | Invoice  |
| Name |  | Date |  |
| Signature |  |

 Susie Gowlett, Clerk and Responsible Financial Officer

07541 434569 (phone), email cawood.pclerk@gmail.com