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