

DECLARATION, INDEMNITY AND APPLICATION IN RESPECT OF THE TRANSFER OR ASSIGNMENT OF AN EXCLUSIVE RIGHT OF BURIAL

CEMETERY _____ GRAVE NO. _____

I (*1*) _____ of

(*2*) _____ Post Code _____

do solemnly and sincerely declare that the Deed to the Exclusive Right of Burial in the grave was granted to (*3*)

2 That said (*3*) died on the (*4*) (day) of (month) (year)

- (i) Leaving a last Will and testament dated (*5*) which was not revoked in which I/we were appointed as Executor(s)
- (ii) Leaving a Will dated (*5*) which did not appoint Executors/ appointing Executors who have not taken up or who are incapable of taking up the appointment.
- (iii) Not having left a valid Will and Testament.
- (iv) I have been granted probate of the said (*3*) estate.
- (v) I have had ownership of the Right of Burial transferred to me following the administration of the said (*3*) estate and now produce the transfer Deed.

3. The said (*3*)left an estate of insufficient value for which it was required to apply for probate and I am the (*6*) and next-of-kin and therefore would be entitled to such grant of probate had it been necessary.

4. To the best of my knowledge and belief the Deed relating to the Exclusive Right of Burial has not been sold or transferred to any person.

5. I declare (*7*)to be the new rightful owner of the Exclusive Right of Burial. Address if different from above.....

I hereby indemnify Mansfield District Council and all its Officers and Members against any claim whatsoever relating to the grave, its ownership, or the Exclusive Right of Burial therein.

I make this declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations Act 1935.

Signature of Declarant

Declared atin the County of

this day of

before me Signature

Address of Solicitor/Commissioner for Oaths

Delete such parts above as appropriate

- | | |
|--|--|
| (*1*) Full name of the Applicant | (*2*) Full postal Address of the Applicant |
| (*3*) Full name of Owner of the Exclusive Right of Burial | (*4*) Date of death |
| (*5*) Date of Will | (*6*) Relationship to the original owner |
| (*7*) Name of the new owner of the Exclusive Right of Burial | |

MANSFIELD DISTRICT COUNCIL – CEMETERIES
NOTICE OF INTERMENT AT CEMETERY

This form **MUST** be completed and received at Mansfield & District Crematorium, Derby Road, Mansfield, NG18 5BJ **AT LEAST 2 CLEAR WORKING DAYS PRIOR TO THE FUNERAL SERVICE.** Please note that if this form is either not fully completed or received by the time stated, then burial may be delayed.

INTERMENT DETAILS

Date & Time of Burial	Date: Time:		
Full Name of Deceased (Mr, Mrs, Miss, Ms, Other)			
Age of Deceased / Occupation	/		
Date of Death /(Married,Widowed,Single,Partner)	/		
Last permanent address (If the deceased took up residency outside the District Council's area within the last 6 months or has moved straight into a Nursing Home outside the area from an address within the District Council's area, then please also give former address)			
Type of Service	Direct to Grave	YES	NO
	Graveside	YES	NO
	Use of Chapel M/W & M only	YES	NO
Name of Person Officiating			
Religion of Deceased if appropriate			
Grave Number/Type i.e. Traditional/Lawn/Cremated Remains			
SIZE – please specify the following When stating the coffin size, please give accurate coffin lid size only in order that we can make the necessary adjustment for grave size.	Coffin / Casket / Cremation Casket		
	Outside measurement	Length	
	Outside measurement	Width	
	Outside measurement	Depth	
	Include allowances for handles		
Depth of Grave required (Please note that although best endeavours will be made to ensure that the requested depth is achieved, this may not be possible due to coffin/casket sizes and/or ground conditions.			
Special Interest – Please indicate whether horse drawn/bugler/bagpipes etc., that might impact on others in the cemetery.			
Funeral Director Details - Name			
Address			
Telephone No.			

TO BE COMPLETED BY THE APPLICANT

I hereby certify that the above details are correct and I have received a copy of the Rules & Regulations of the cemetery, and I will comply with them.

Full name of Applicant Signature

Address

OFFICE USE ONLY

Burial No:

Deed No.

Invoice No:

Amount:

Deed received YES / NO Deed returned on