

AYLSHAM TOWN COUNCIL

Town Hall, Market Place, Aylsham, Norfolk NR11 6EL
Tel: 01263 733354 email: finance@aylsham-tc.gov.uk

APPLICATION FOR THE RE-OPENING OF A PURCHASED GRAVE AT AYLSHAM CEMETERY AND CONSENT TO BURIAL WHERE THE ORIGINAL PURCHASER OF THE EXCLUSIVE RIGHT OF BURIAL IS NOT ABLE TO SIGN

This form **must** be completed and received by Aylsham Town Council together with the appropriate fee at least 2 clear working days prior to the funeral service. Please note that if this form is not fully completed or is not received within the stated time, then the burial service may be delayed.

INTERMENT DETAILS

Date & time of the funeral/interment	
Full name of deceased (including title)	
Age of deceased	
Date of death	
Profession at time of death	
Residence at time of death	
Name of Minister	
Religion of deceased (if appropriate)	
Burial section	
Grave space number	
Type of burial (double grave/shallow grave/interment of ashes/child)	
Size	Coffin/casket/cremation casket (please delete as appropriate) Outside measurement – length Outside measurement – width..... (please include an allowance for handles) Outside measurement – height
Funeral Directors name, address and telephone number	

TO BE COMPLETED BY THE APPLICANT

I hereby certify that the details overleaf are correct and I have received a copy of the Rules & Regulations of the cemetery and I will comply with them. I also understand that funeral flowers will be removed from the grave automatically three weeks after the funeral. In the event that they fade beforehand then the family or the Town Council will arrange to have them removed. This is to ensure that the grave is left looking as presentable and a fitting tribute as possible, to the deceased. Following the removal of the funeral flowers I understand that planting into the grave space is not permitted.

Full name of applicant _____

Applicant's address _____

Applicant's signature _____

Aylsham Cemetery Grave Number _____

I, _____ (full name applicant) of _____

_____ (full address of applicant)

Do solemnly and sincerely declare:

1. That the Deed of Exclusive Right of Burial in the grave was granted to _____ (name of deceased and current owner of the Exclusive Right of Burial)
2. That _____ (named of deceased) died on the _____ (date of death)
 - i. Leaving a Will and Testament dated _____ which was not revoked, in which I/we were appointed as Executor(s).
 - ii. Leaving a Will and Testament dated _____ which did not appoint Executors/appointed 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 _____'s (name of deceased) estate.
 - v. I have had ownership of the Right of Burial transferred to me following the administration of the said _____'s (name of deceased) estate and now produce the transfer deed.
3. The said _____ (name of deceased) left an estate of insufficient value for which it was required to apply for probate and I am the _____ (relationship to deceased) 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 other person.
5. I declare _____ (applicant's full name) to be the new rightful owner of the Exclusive Right of Burial.

I hereby indemnify Aylsham Town 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 at _____ In the County of _____

This _____ day of _____ 20____

Before me _____

Signature _____

(Solicitor/Commissioner of Oaths)

Address of Solicitor/Commissioner of Oaths

OFFICE USE ONLY:	
Amount of Fees due	Invoice Number Date
Entry in Burial Register	Receipt NumberDate
Grave Space Register Page	Certificate Number
Entered in Alphabetical Register	Entered on Cemetery Plan
Signed	(Registrar) Date