

CORFE MULLEN TOWN COUNCIL

Council Office, Towers Way, Corfe Mullen, Wimborne, Dorset, BH21 3UA.

Tel.: 01202 698600 Email: office@corfemullen-tc.gov.uk Town Clerk

Application for Transfer of Burial Rights for a Grave Space in Corfe Mullen Cemetery

Part 1 APPLICANT DETAILS

Applicant 1

	Mr / Mrs / Miss / Ms / Master Other -
Full Name	
Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	

Applicant 2

	Mr / Mrs / Miss / Ms / Master Other -
Full Name	
Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	

If there are more than two applicants please provide details on additional sheet.

Part 2 CURRENT BURIAL RIGHT HOLDER

Please state details of current burial right holder:

Person 1

Full Name	Mr / Mrs / Miss / Ms / Master Other -
Address	

Person 2

Full Name	Mr / Mrs / Miss / Ms / Master Other -
Address	

If more than 2 persons, please provide details on an additional sheet.

Part 3 NEW BURIAL RIGHT HOLDERS

Full Name and Address of Proposed Burial Right Holder 1 (if different to Applicant 1)	Mr / Mrs / Miss / Ms / Master Other -
Telephone Number	
Email Address	

Full Name and Address of Proposed Burial Right Holder 2 (if different to Applicant 2)	Mr / Mrs / Miss / Ms / Master Other -
Telephone Number	
Email Address	

If there are more than two proposed right holders please provide details on additional sheet.

Old Cemetery	<input type="checkbox"/>	Grave Number (if known):
New Cemetery	<input type="checkbox"/>	

Legal Documents Required	<input type="checkbox"/>	Will (Certified Photo ID will be required)
	<input type="checkbox"/>	Grant of Probate
	<input type="checkbox"/>	No document available (Contact office for more information)

Part 3 PAYMENT DETAILS

Amount of Fees enclosed	£
Preferred method of payment is internet banking – Bank Details:- Co-operative Bank Sort Code: 08-92-99 Account No: 65314540 (quoting the your name as the reference)	Payment method - Cheque <input type="checkbox"/> Internet transfer <input type="checkbox"/> Date of transfer

Part 4 DECLARATION

I declare that: I have received a copy of the Council's Cemetery Regulations and agree to abide by these	<input type="checkbox"/>
I understand that the Grant of Exclusive Right is granted for a period of 50 years	<input type="checkbox"/>

Signed by Applicant 1	
Date	
Signed by Applicant 2	
Date	

If there are more than two applicants, please provide details on additional sheet and sign and date.

OFFICE USE ONLY

Resident	<input type="checkbox"/>	Entries Completed:	
Non Resident	<input type="checkbox"/>	Epitaph <input type="checkbox"/> Updated	
Amount	£		
Invoice No. & Date			
Invoice, Grant Deed & Regulations sent	Y/N	Grave No:	Processed by: