

# CORFE MULLEN TOWN COUNCIL

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

Tel.: 01202 698600 Email: [office@corfemullen-tc.gov.uk](mailto: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

Full Name	
Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	

#### Applicant 2

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	
Address	

#### Person 2

Full Name	
Address	

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

<b>Part 3 NEW BURIAL RIGHT HOLDERS</b>
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Full Name and Address of Proposed Burial Right Holder 1 <i>(if different to Applicant 1)</i>	
Telephone Number	
Email Address	

Full Name and Address of Proposed Burial Right Holder 2 <i>(if different to Applicant 2)</i>	
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 <i>(if known)</i> :
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)

<b>Part 3 PAYMENT DETAILS</b>
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Amount of Fees enclosed	£
<i>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)</i>	<i>Payment method - Cheque</i> <input type="checkbox"/> <i>Internet transfer</i> <input type="checkbox"/> <i>Date of transfer .....</i>

<b>Part 4 DECLARATION</b>
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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.*

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**OFFICE USE ONLY**

Resident	<input type="checkbox"/>	<b>Entries Completed:</b>	
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: