

DEED OF ASSIGNMENT OF RIGHT OF BURIAL

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT FOR SIGNATURES

1. In Life Transfer:

I (full name) _____ of _____
Do hereby assign to _____ of _____

2. Holder & Additional Joint Ownership:

I (full name) _____ of _____
Do hereby assign to myself and _____

3. No Executor No Probate *to accompany Statutory Declaration EROB_SD002 (No Will No Probate):

I (full name) _____ of _____
Do hereby assign to myself *and _____ * delete if not appropriate

Address _____

OR

Do hereby assign to _____

4. Executor and Additional *to accompany Probate, Statutory Declaration EROB_SD001 (Will No Probate) or SD003 (Will, Probate Pending):

I (full name) _____ of _____
Do hereby assign to myself *and _____ * delete if not appropriate

Address _____

OR

Do hereby assign to _____

the Exclusive Right of Burial - Issued on _____ Grant Number _____ of Grave Number _____
Section _____ in _____ Cemetery and all my estate and title and interest therein including the Right to
Bury / Place a Memorial at that location in accordance with the Cemetery Regulations of Ludgvan Parish Council to hold the
same unto the said _____ subject to the
conditions on which applied immediately before the execution of this DEED OF ASSIGNMENT.

IN WITNESS whereof the parties hereto have executed this Deed this _____ day of _____ 20

The Witness should be a neutral third party with no financial or other interest in the agreement. Witnesses cannot be family members.

Signed as a Deed by _____ Signed as a Deed by _____

Print Name _____ Printname _____
Address _____ Address _____

In the presence of _____ In the presence of _____

Witness Name (Print) _____ WitnessName (Print) _____
(Signature) _____ (Signature) _____

Address _____ Address _____

Occupation _____ Occupation _____

Signed as a Deed by _____ Signed as a Deed by _____
Print Name _____ PrintName _____
Address _____ Address _____

In the presence of _____ In the presence of _____

Witness Name (Print) _____ Witness Name (Print) _____
(Signature) _____ (Signature) _____

Address _____ Address _____

Occupation _____ Occupation _____