



Caistor Town Council

CAISTOR TOWN COUNCIL - Form of Assent

I, (insert full name)

Of (insert full address and telephone number)

Tel no:

Being the (indicate your entitlement to assign the rights)

Administrator of will Executor Other (describe)

Do hereby assent to the transfer to (insert name of person who is to receive Rights):

Of (insert full address and telephone number)

Tel no:

The Exclusive Rights of Burial in grave (insert grave number):

Which was granted to (insert full name of the person named on the deed of grant):

By Horncastle Town Council, Deed of Grant Number (insert grant number and date granted):

Number: Date:

And all the estate and title, and interest there in, including the Rights to Erect a memorial thereon, of the nature and in the position approved by the CTC to hold the same unto the aforesaid assignee, subject to any conditions that may be applied by the burial authority.

Signed: Dated:

Witnessed Dated: