



Caistor Town Council

Form of Assignment (Transfer) of Right of Burial

I, (insert full name)

Of (insert full address and telephone number)

Tel no:

Being the (indicate your entitlement to assign the rights)

Registered Owner Executor Other (describe)

Do hereby assign all the exclusive rights of burial, including the right to erect a memorial (nature and position to be approved by Caistor Town Council) to (name of person to receive rights):

Of (insert full address and telephone number)

Tel no:

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

And the deed of grant numbered..... and dated.....

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

Signed:

Dated:

Witnessed:

Dated:

Witnessed:

Dated: