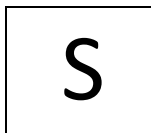




Blockley
Parish
Council

STATUTORY DECLARATION

EXCLUSIVE RIGHT OF BURIAL



Please complete and return prior to burial to:

Clerk to Blockley Parish Council
Blockley Heritage Centre, Park Road, Blockley, GL56 9BY

Tel: 01386 701602
Email: parishclerk@blockley.org.uk

Statutory Declaration

APPLICATION TO REGISTER NEW OWNER OF EXCLUSIVE RIGHT OF BURIAL

Cemetery: Station Road Cemetery, Blockley Grave No: Grant No:

Grave Owner: Purchase Date:

I, APPLICANT (Name) _____

OF (Address) _____

DO SOLEMNLY AND SINCERELY DECLARE as follows:

(A) THE GRAVE DEED CANNOT BE PRODUCED BECAUSE: _____

(B) I WISH TO BE REGISTERED AS THE SUCCESSOR IN TITLE TO THE EXCLUSIVE RIGHTS APPERTAINING TO THE ABOVE GRAVE. THE PREVIOUS OWNER DIED ON:

1. I hereby declare that I am entitled to be named as the successor (no person precedes me in the order of succession) in title of the registered grave owner for the following reasons. I am the

<input type="checkbox"/> Spouse of the deceased grave owner	<input type="checkbox"/> Only child of the deceased grave owner
<input type="checkbox"/> Child of the deceased grave owner (All other siblings have signed renunciation forms)	<input type="checkbox"/> Other nearest next of kin (Please explain below)

2. To the best of my knowledge and belief _____ (Grave Owner Name) had never assigned the benefit of the grave right to any other person or specified any reservation of the grave for any particular person in accordance with Article 10(6) of the Local Authorities Cemeteries Order 1977.

3. I hereby declare that I will indemnify Blockley Parish Council against all actions, proceedings, demands, costs and expenses of any nature whatsoever (including the exhumation of any burial) should it be subsequently proved my claim as aforesaid is unfounded and that I have no title to exercise the Right of Burial in this grave.

4. And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declaration Act 1835.

DECLARED AT _____

THIS _____ DAY OF _____

SIGNATURE OF APPLICANT _____

BEFORE ME (Name) _____ JP OR COMMISSIONER OF OATHS

SIGNATURE _____

OFFICE ADDRESS _____