GODALMING TOWN COUNCIL

Clerk: Andy Jeffery MSc MCGI

Tel: 01483 523575

E-Mail: office@godalming-tc.gov.uk



107-109 High Street Godalming Surrey GU7 1AQ

Transfer of Ownership

This form must be fully completed and signed by the registered owner(s) of the grave space to be transferred. If the grave space is owned in joint names both parties are required to sign this form.

I/We the under	signed being t	the registered ow	ner(s) of the b	ourial rights in	the grave space marked
in :	Section	of the uncon	secrated/cons	secrated portio	n of Eashing/Nightingale
Cemetery, Goo		reby request and	authorise you	ı to re-register	the title to the said burial
Name:					
Address:					
I/We do hereby	assent to the	vesting of the sa	uid burial rights	s accordingly.	
Signed:				Dated:	
Print Name:					_
Address:					
Signed:				Dated:	
Print Name:					
Address:					
Office Use:					
Original Purchas Transfer Comple					