

GODALMING TOWN COUNCIL

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107-109 High Street

Godalming

Surrey

GU7 1AQ

Questionnaire for the Purposes of Transferring the Exclusive Right of Burial

Please note that this is a complex legal process which can take time. This form is a starting point and we may need to contact you for additional information at various points during the process.

Name of Cemetery:			
Section:		Grave Number:	
1. Name in full of the current grave owner:			
2. Year of Purchase of grave (estimate if unknown):			
3. Did the grave owner leave a will? (Any answer other than yes or no will invalidate this application)			
YES <input style="width: 40px; height: 20px; border: 1px solid red;" type="checkbox"/>		NO <input style="width: 40px; height: 20px; border: 1px solid red;" type="checkbox"/>	
Was a Grant of Probate obtained?		Was a Grant of Letters of Administration obtained?	
Yes <input style="width: 40px; height: 20px; border: 1px solid red;" type="checkbox"/>	No <input style="width: 40px; height: 20px; border: 1px solid red;" type="checkbox"/>	Yes <input style="width: 40px; height: 20px; border: 1px solid red;" type="checkbox"/>	No <input style="width: 40px; height: 20px; border: 1px solid red;" type="checkbox"/>
(please supply a sealed Grant of Probate with this application)		(please supply a sealed Grant of Letters of Administration with this application)	
Please go to question 8		Please go to question 8	
Please go to question 8		Please answer ALL questions below	
4. Was the person named in question 1 married or in a civil partnership at the time of death, if so please give the full name of their spouse/partner			
Name:			
Address:			
5. If the person named in question 1 was widowed or unmarried at time of death, please give the names of ALL of the children, including year of death if deceased (please use separate sheet if required)			
6. If you are not one of the persons named in questions 4 or 5, what is your relationship to the person named in question 1 or to anyone named in questions 4 or 5?			

7. Do you wish to claim the rights over the grave solely or jointly? (please tick)

Solely

Jointly

Please be aware if applying for joint ownership, the signature of all owners will be required for any future interments (apart from the interment of the grave owners), memorial installations or future inscriptions.

8. If you require sole ownership of the grave rights, are there any persons equally related to the current owner? Please give their full name, address, telephone number and email address.

Name:

Address:

Tel No.

email:

9. If you require joint ownership, please give the full name, address, telephone number and email address of the other proposed joint owner(s)

Name:

Address:

Tel No.

email:

Your Details

Full Name:

Full Address:

Email:

Telephone Number:

I hereby apply to transfer the Exclusive Right of Burial in the above-named grave plot into my name and, if appropriate, the other named person(s), using the information supplied above.

I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtaining the aforementioned Exclusive Right of Burial.

Data Retention: under the burial regulations, we are required to retain your information within the burial register system. Your data will only be used for the purpose it is provided and will not be passed on to any third-party organisations unless we have a legal obligation to do so.

Signature _____

Date _____

PLEASE BE ADVISED THAT THERE IS A FEE FOR COMPLETION OF GRAVE TRANSFERS; THIS FEE WILL BE PAYABLE PRIOR TO THE ISSUE OF ANY LEGAL DOCUMENTS.

Please complete this form in full and return to:

Godalming Town Council, 107-109 High Street, Godalming, Surrey, GU7 1AQ

For any enquiries, please telephone 01483 523575. Email: office@godalming-tc.gov.uk