## **MW15**

TRIM Reference:	



## APPLICATION FOR THE RENEWAL OF A GRANT OF RIGHT OF BURIAL

Applicant's Name:						
Address:						
Phone Number:	Mobile Number:					
Email Address:						
Grave Details:	Plot:	Row:	N	lumber:		
Name of Grant Holder: Prior to Expiry						
hereby certify that as the Applicant for this renewal of the Grant of Right of Burial and have authority for use of the Grave:  ☐ I am the person in whose name the Grant was issued. ☐ I am the nominated by the original Grantee. See below ☐ I am the person authorised by the estate of the Grant holder to renew the Grant for this grave. Evidence required ☐ I am the person authorised by the Next of Kin to renew this Grant. See below						
<ul> <li>PLEASE NOTE</li> <li>f the original Grantee is not applying, this document is to be accompanied by a Statutory Declaration addressing the following points: <ul> <li>The reason the original grantee is not applying. (If the original grantee is alive, written consent must be given for renewal in another name).</li> <li>The relationship of the applicant to the original grantee.</li> <li>Certification that no other person with equal or greater interest in this grave will object to the renewal of the grant in the applicant's name.</li> <li>Indemnifying the Council against any litigation relating to this renewal.</li> </ul> </li> </ul>						
Signature of Applic	cant		-			
			Date:			
Approved by Man			-			

