

**FELIXSTOWE TOWN COUNCIL**

APPLICATION FOR RENEWAL OF EXCLUSIVE RIGHT OF BURIAL

FOR GRAVE/URN SPACE IN FELIXSTOWE CEMETERY

PURCHASED BY:

NAME: .……………………………………….…………………………………………………………………………………………

ADDRESS: …………………………………………………………………………………………………………………………….

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TEL: …………………………………………………………………………………………………………………………….

EMAIL: …………………………………………………………………………………………………………………………….

SIGNATURE: ……………………………………………………. DATE: …………………………………………………………

SITUATION OF GRAVE/URN SPACE: ………………………………………………………………………………………

Cost of Renewal of Exclusive right of Burial

In Grave/Urn Space £ …………………………………

Exclusive Right of Burial for 25 / 50 years

Date Paid: ………………………………………………………

Deed of Grant Number: ……………………………………………………..

Date of issue: ……………………………………………………..