

**FELIXSTOWE TOWN COUNCIL**

APPLICATION FOR RENEWAL OF EXCLUSIVE RIGHT OF BURIAL

FOR GRAVE/URN SPACE IN FELIXSTOWE CEMETERY

PURCHASED BY:

TITLE & NAME:…………………………….…………………………………………………………………………………………

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

 …………………………………………………………………………………………………………………………….

 …………………………………………………………………………………………………………………………….

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: ……………………………………………………..