



**LEDBURY TOWN COUNCIL**  
**APPLICATION FOR TRANSFER OF DEED OF RIGHT OF BURIAL**

**Applicant's Name:** .....

**Applicant's Address:**.....  
.....

**Tel No:** ..... **email:** .....

**Full Name of the Current Owner of the Grave:**

**Date of Interment:**

**Grave/Garden of Remembrance No:**

**Deed No. of Exclusive Right of Burial (if known):**

**Reason for Transfer of Ownership:**

**(Please provide a copy of the Owner's Will / Grant of Probate)**

**Names of any siblings or other relatives**, and their permission for the Applicant to assume ownership.

**(Sibling/Relative 1)**

**Name:** .....  
(Please Print)

**Relationship to the Applicant:** Brother / Sister / Other .....

**Signed Approval:** .....

**Date:** .....

**Address (please print):**  
.....  
.....

**Postcode:** .....

**Tel:** ..... **email:** .....

**(Sibling/Relative 2)**

Name: .....  
(Please Print)

Relationship to the Applicant: Brother / Sister / Other .....

Signed Approval: .....

Date: .....

Address (please print):

.....  
.....

Postcode: .....

Tel: .....email: .....

**(Sibling/Relative 3)**

Name: .....  
(Please Print)

Relationship to the Applicant: Brother / Sister / Other .....

Signed Approval: .....

Date: .....

Address (please print):

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Postcode: .....

Tel: .....email: .....

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**Signature of Applicant:** .....

**Date:** .....