

Form of Assignment

Transfer of Deed Title for Grave _____ in _____ Cemetery

Application Date: _____

As the purchaser of the grave you have the right to transfer the ownership of the grave.

By completing the form, you are agreeing to renounce your rights.

By transferring these rights, you agree to relinquish the right to:

Reopen the grave without the proposed owners' consent

Care and maintain the headstone and grave without consent

All sections must be completed overleaf and sworn before a solicitor. The solicitor may charge a small fee for this service.

Forms must be completed as soon as possible and returned back to the office to complete the transfer .

The proposed owner will need to complete a Statutory Declaration before a solicitor to confirm that they wish to accept the grave.

Form of Assignment

Where the named Owner wishes to transfer the burial rights of grave _____ in _____ Cemetery

Please complete both sections as appropriate:

I, _____ (CURRENT OWNER NAME) OF _____ (ADDRESS) IN CONSIDERATION OF THE SUM OF NIL POUNDS PAID TO ME BY _____ (PROPOSED OWNER NAME) OF _____ (PROPOSED OWNER ADDRESS) HERINAFTER CALLED "THE ASSIGNEE" **DO HEREBY ASSIGN** UNTO THE ASSIGNEE THE EXCLUSIVE RIGHT OF BURIAL IN GRAVE SPACE _____ IN _____ CEMETERY WHICH WAS GRANTED UNTO ME FOR _____ (NUMBER OF LEASED YEARS) BY NUNEATON AND BEDWORTH BOROUGH COUNCIL, BY A GRANT NUMBERED _____ DATED _____ (DATE OF PURCHASE), AND ALL MY ESTATE TITLE AND INTEREST THEREIN, **TO HOLD** THE SAME UNTO THE ASSIGNEE FOR THE REMAINDER OF THE SAID PERIOD SUBJECT TO THE CONDITIONS UPON WHICH I HELD THE SAME IMMEDIATELY BEFORE THE EXECUTION HEREOF.

IT IS HEREBY CERTIFIED THAT THE TRANSACTION HEREBY EFFECTED DOES NOT FORM PART OF A LARGER TRANSACTION OR OF A SERIES OF TRANSACTIONS IN RESPECT OF WHICH THE AMOUNT OR VALUE OR THE AGGREGATE AMOUNT OR VALUE OF THE CONSIDERATION EXCEEDS ONE HUNDRED AND FIFTY THOUSAND POUNDS.

WITNESSED _____ (DATE).

Declared at _____ in the County _____

before (Name & Address of Solicitor) _____

Official Business Stamp
is required

Contact us:

Please contact us if you wish to discuss this application

Signed _____

Date _____

Cemetery Office
Town Hall
Nuneaton
CV11 5AA
Tel: 0247 6376 357
Email: cemetery@nuneatonandbedworth.gov.uk

Office hours: 9.00am – 12.00pm, Monday to Friday

Office Use: Returned:
Proofs