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**KEYNSHAM CEMETERY**

**APPLICATION TO Transfer Exclusive Right of Burial**

**(Payment: Invoice to follow)**

|  |  |
| --- | --- |
| Full Name of Current Owner of Exclusive Right of Burial to Grave: |  |
| Grave Number and/or Deed Number: |  |
| Full Name of Transferee including all Forenames: |  |
|  |
|  |
| Full Address of Transferee to where Deed be sent, including Post Code:  Please also include Telephone Number: |  |
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|  |

Signed Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

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**For Office Use**

|  |  |
| --- | --- |
| Date Received |  |
| Grave Space Register No. |  |
| Transfer Register No. |  |
| Transfer Fee |  |
| Invoice No. & Date Paid |  |