

Preliminary Questionnaire for the purposes of transferring the Exclusive Right of Burial

PLEASE NOTE THAT THIS IS A COMPLEX LEGAL PROCESS WHICH CAN TAKE TIME. THIS FORM IS A STARTING POINT AND WE MAY NEED TO CONTACT YOU FOR ADDITIONAL INFORMATION AT VARIOUS POINTS DURING THE PROCESS

Name of Cemetery	
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Section		Grave number	
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1. Name in full of the current grave owner	
2. Year of purchase of grave (estimate if unknown)	

3. Did the grave owner leave a will? (Any answer other than yes or no will invalidate this application)			
Yes <input style="float: right;" type="checkbox"/> Was a Grant of Probate obtained? Yes <input type="checkbox"/> No <input type="checkbox"/> (please supply a sealed Grant of Probate with this application) Please go to question 8	No <input style="float: right;" type="checkbox"/> Was a Grant of Letters of Administration obtained? Yes <input type="checkbox"/> No <input type="checkbox"/> (please supply a sealed Grant of Letters of Administration with this application) Please go to question 8		
(please supply a sealed Grant of Probate with this application)	(please supply a copy of the will with this application)	(please supply a sealed Grant of Letters of Administration with this application)	Please answer ALL questions below

4. Was the person named in question 1 married, in a civil partnership, widowed or unmarried at the time of their death?

5. If the person named in question 1 was married or in a civil partnership at the time of death please give the full name of their spouse and date of death (if applicable)

6. If the person named in question 1 was widowed or unmarried at time of death, please give the names of ALL of the children (including year of death if deceased)

7. If you are not one of the persons named in questions 5 or 6, what is your relationship to the person named in question 1 or to anyone named in questions 5 or 6?

8. Do you wish to claim the rights over the grave solely or jointly? (please tick)

Solely

Jointly

Please be aware if applying for joint ownership, the signature of all owners will be required for any future interments (apart from interment of grave owners), memorial installations or future inscriptions.

9. If you require sole ownership of the grave rights, are there any persons equally related to the current owner? Please give their full name, address, telephone number and email address.

10. If you require joint ownership, please give the full name, address, telephone number and email address of the other proposed joint owner(s)

Your full name and address

E-mail address:

Telephone number:

I hereby apply to Guildford Borough Council to transfer the Exclusive Right of Burial in the above named grave plot in Stoke/The Mount Cemetery into my name and if appropriate, the other named person(s), using the information supplied above.

I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtaining the aforementioned exclusive right of burial.

I am in receipt of and I will abide by the abridged cemetery regulations.

Data Retention: under the burial regulations, we are required to keep your information in perpetuity. We will contact you (where relevant) to give further information or updates in accordance with our legal responsibilities under data protection legislation we may share your personal information with other council services for the purpose of fraud prevention. Your data will not be passed on to any third party organisations unless we have a legal obligation to do so.

Signature

Date

**PLEASE BE ADVISED THAT THERE IS A FEE FOR COMPLETION OF GRAVE TRANSFERS
THIS FEE WILL BE PAYABLE PRIOR TO THE ISSUE OF ANY LEGAL DOCUMENTS.**

Please complete this form in full and return to:

Bereavement Services Office

Guildford Crematorium

New Pond Road

Godalming

Surrey

GU7 3DB

For any enquiries, please telephone: 01483-444711.

E-mail: crematorium@guildford.gov.uk