



Telford & Wrekin  
COUNCIL

**TELFORD & WREKIN COUNCIL**

**Cemeteries Office**

**Telford & Wrekin Register Office, Wellington Civic & Leisure Centre**

**Tan Bank, Wellington, Telford, TF1 1LX**

Telephone: 01952 382444 Fax: 01952 382452

**TRANSFER OF EXCLUSIVE RIGHT OF BURIAL**

**Grant Number:** \_\_\_\_\_ *(Original Grant to be returned with this application)*

**I (owner's name)** \_\_\_\_\_

**Of (owner's address)** \_\_\_\_\_ **Telephone no.** \_\_\_\_\_

**Wish to transfer ownership / have included as joint owner** (Delete as applicable)

**To (full name)** \_\_\_\_\_

**Of (full address)** \_\_\_\_\_

\_\_\_\_\_ **Postcode** \_\_\_\_\_ **Telephone no.** \_\_\_\_\_

**The exclusive Right of Burial in Grave (or Vault) in Telford & Wrekin Council**

**Cemetery at** \_\_\_\_\_ **Grave Nos:** \_\_\_\_\_ **Section** \_\_\_\_\_

**Including the right of placing a memorial thereon of the nature and in the**

**position approved by Telford & Wrekin Council for the remainder of the**

**period of the original grant subject to the conditions on which such right was**

**held immediately before the execution of this deed.**

**Witness my Hand** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Print name):** \_\_\_\_\_

*Independent Witnesses: \*(see note below)*

**(1) Signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_ **Phone Nos** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**(2) Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Phone Nos:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postcode** \_\_\_\_\_

*\* Please note – the new or joint owner must not be one of the independent witnesses.*

*Transfer / Administration fee of £25.00 to be sent with the application.*

*Please return the Original Grant with this application.*