

DEED OF ASSIGNMENT OF RIGHT OF BURIAL

1. In Life Transfer:

I (full name) _____ of _____

Do hereby assign to _____

2. Joint Ownership:

I (full name) _____ of _____

Do hereby assign to myself and _____

3. No Executor No Probate *to accompany Statutory Declaration EROB_SD002 (No Will No Probate):

I (full name) **Next of Kin** of **Address**

Do hereby assign to myself *and **Next of Kin / elected new Holder(s)** * delete if not appropriate

OR

4. Executor and Additional *to accompany Probate, Statutory Declaration EROB_SD001 (Will No Probate) or SD003 (Will, Probate Pending):

I (full name) _____ of _____

Do hereby assign to myself *and _____ * delete if not appropriate

OR

Do hereby assign to **to complete**
the Exclusive Right of Burial, Grant Number **to complete** of Grave Number **to complete** Section _____ in **to complete** Cemetery and all my estate and title and interest therein including the Right to Bury / Place a Memorial at that location in accordance with the Cemetery Regulations of Rutland County Council to hold the same unto the said **Next of Kin / elected new Holder(s)** subject to the conditions on which I held the same immediately before the execution of this Deed of Assignment.

IN WITNESS whereof the parties hereto have executed this Deed this **to complete** day of **to complete** 20 _____ .

The Witness should be a neutral third party with no financial or other interest in the agreement. Witnesses cannot be family members.

Signed as a Deed by **Next of Kin / person completing form**

Address _____

In the presence of: _____

Witness _____

(Signature)

Address _____

Occupation _____

Signed as a Deed by **Additional Next of Kin / elected new Holder(s)**

Address _____

In the presence of: _____

Witness _____

(Signature)

Address _____

Occupation _____

Signed as a Deed by **Additional Next of Kin / elected new Holder(s)**

Address _____

In the presence of: _____

Witness _____

(Signature)

Address _____

Occupation _____

Signed as a Deed by _____

Address _____

In the presence of: _____

Witness _____

(Signature)

Address _____

Occupation _____