

KIRBY MUXLOE PARISH COUNCIL

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FORM FOR THE PURCHASE OF EXCLUSIVE RIGHT OF BURIAL

SOLE PURCHASER: * The Grave/Plot No. will be allocated by the Cemetery Office and will be the next in rotation

Title:.....SurnameForename(s).....

Address:

Post Code..... Tel No Electoral Role No.....

wish to Purchase the Exclusive Right of Burial for a period of 100 years in ***Grave Space / Cremated Remains Plot** (Please delete which is not applicable) in section* I am aware that Memorial Restrictions apply.

Signature _____ Date _____

JOINT PURCHASER * The Grave/Plot No. will be allocated by the Cemetery Office and will be the next in rotation

Title..... Surname.....
Forename(s).....
Address:.....
.....
Post Code.....
Tel No.....
Electoral Role No.....

Title..... Surname.....
Forename(s).....
Address:.....
.....
Post Code.....
Tel No.....
Electoral Role No.....

Wish to Purchase the Exclusive Right of Burial for a period of 100 years in ***Grave Space / Cremated Remains Plot** (Please delete which is not applicable) in section* We are aware that Memorial Restrictions apply.

Signature _____ Date _____

Signature _____ Date _____

For office use only

Fee	Receipt No	Deed No
Reg. of Purchased Graves	Reg of Grave Spaces	Type
Signature of Registrar		Dated