

**Burial/Grave Grant Transfer Form**  
**Application to Register a New Owner of Exclusive Right of Burial**

Name of Applicant	
Address	
Contact Number	
Email	

I being the \*.....  
of the late owner/current owner.....  
the registered owner of the exclusive right of burial to Grave Number.....

In the .....Cemetery hereby request and authorise you to register me as the new owner of the said right of burial.

Signed.....Dated.....

**\*The relationship between the person making this application and the late/current owner MUST be given**

Note: if the deceased owner left a Will, Probate must be produced in conjunction with this application and will be returned after the application has been dealt with. If the deceased owner did not leave a Will and it is NOT intended to take our Letters of Administration, the children, brothers and sisters, or near relatives of the late owner should pass their consents to the proposed re-registration in the space provided below.

I/We the undersigned, being the only person(s) entitled to the estate of the deceased consent to the registration of the ownership of the exclusive right of burial in

Grave Number.....in the.....Cemetery, Stevenage

in the name of.....

Signature	Address	Relationship to Deceased Owner

**Return to:** Cemeteries Officer, Stevenage Borough Council, Cavendish Road, Stevenage, SG1 2ET **Telephone Number:** 01438 367109 **Email:** [cemeteries@steveange.gov.uk](mailto:cemeteries@steveange.gov.uk)

Our Privacy Policy has been updated to reflect changes to data protection legislation and can be viewed at the following link <http://www.stevenage.gov.uk/privacy-policy>

Probate/Letters of Administration dated:		Produced:	
Probate/Letters of Administration returned:		Register amended:	
Grant amended:		New Owner Indexed:	
Entry No:		Fee:	
Receipt No:		Grant No:	