**\*Form of Assignment / Renunciation**

**\****delete one as appropriate*

Local Authorities Cemeteries Order 1977

I (insert your full name):

|  |
| --- |
|  |



Insert your full address and contact telephone number Telephone number

|  |
| --- |
|  |

|  |
| --- |
|  |

**Being the (indicate your entitlement to assign the Rights)**

|  |
| --- |
|  |

|  |
| --- |
|  |

|  |
| --- |
|  |

Registered Owner Executor Other (please fully describe in detail)

DO hereby assign all my estate and title, and interest therein, including the right of placing a memorial thereon of the nature and in the position approved by Ceredigion County Council to (insert name of person who is to receive the Rights):

|  |
| --- |
|  |

Insert their full address and contact telephone number

|  |
| --- |
|  |

|  |
| --- |
|  |

Telephone number

 the Exclusive Rights of Burial in grave section \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the cemetery known as

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cemetery, and the Deed of Grant

 Reference bearing the reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Which was granted to (insert full name of person named on the Deed of Grant)

|  |
| --- |
|  |

Signed Dated

|  |
| --- |
|  |

|  |
| --- |
|  |

Witnessed Dated

|  |
| --- |
|  |

|  |
| --- |
|  |

Ceredigion County Council, Canolfan Rheidol, Rhodfa Padarn,

 Llanbadarn Fawr, Aberystwyth, Ceredigion, SY23 3UE

 Telephone number: 01970 633900