



DROXFORD CEMETERY

ASSIGNMENT OF RIGHTS OF BURIAL

SECTION 1:

Details of current grave owner:

Full Name:

Address:

.....

.....

..... **Post Code:**

Telephone No(s):

Email:

Signature:

SECTION 2:

Details of grave:

Grave No:

Burial Register No:

Date:

This form to be attached to the Form of Renunciation dated:

and original Notice of Interment dated: