

Town Hall, Market Square Witney, OX28 6AG

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Mrs Sharon Groth FSLCC fCMgr

**Town Clerk** 

## **APPLICATION FOR RETURN OF A GRAVE SPACE TO WITNEY TOWN COUNCIL**

Name:	
Address:	
Email:	
Phone:	
Cemetery:	
Grave Number	:
Exclusive Right	ss Deed Number:
•	SIGNED CONFIRM THAT I AM THE DEED HOLDER FOR THE ABOVE MENTIONED PLOT IT THAT I WISH TO RELINQUISH THE DEED OF EXCLUSIVE RIGHT OF BURIAL.
PAID FOR THE	D THAT THE TOWN COUNCIL WILL PAY ME THE SUM EQUAL TO THE SUM ORIGINALLY DEED AND THAT I WILL NO LONGER HAVE ANY RIGHT TO THE AFOREMENTIONED THE DEED WILL BE TRANSFERRED TO THE TOWN COUNCIL.
SIGNED:	
DATE:	
Please return t	this form to Witney Town Council, The Town Hall, Market Square, Witney, Oxon, OX28 original deed.



When the application has been processed, you will be reimbursed by cheque.