

APPLICATION FOR THE PURCHASE OF AN EXCLUSIVE RIGHT OF BURIAL

I/we wish to purchase the Right of Burial and understand that my rights will exist for a period of 75 years.

I confirm that I/we have received a summary of the Rules and Regulations governing Croft Cemetery and will comply with them.

Signed ______ Dated ______

Full Name of First Applicant (PLEASE PRINT)	Mr / Mrs / Ms
Full Name of Second Applicant (if applicable) (PLEASE PRINT)	Mr / Mrs / Ms
Telephone No:	
Full address (PLEASE PRINT)	

Fees:		Payment:				(for office use)
Exclusive Right of Burial	£	Cheque		Bank Transfer:		
Other	£	enclosed:				Receipt No
Total	£					Deed No
		Cheques payable to Croft Parish Council please or Bank Transfers to Co-op Bank: 08-92-99 65780653				