



PURCHASE OF EXCLUSIVE RIGHT OF BURIAL

NAME OF PURCHASER:

ADDRESS:

.....

POSTCODE: TELEPHONE NO:.....

EMAIL ADDRESS:

TYPE OF GRAVE:

CEMETERY:

GRAVE NUMBER:

NAME AND ADDRESS OF FUNERAL DIRECTOR:

.....

.....

I have handed the client the information sheet for exclusive right of burial holders:

I agree to abide by Redcar & Cleveland Borough Council's Rules and Regulations and have received the information sheet for exclusive right of burial holders:

SIGNED: (Client)

DATE:.....

Please ensure that this form is completed accurately and clearly and return to Mr I Dixon, Bereavement Services Manager, The Register Office, Redcar & Cleveland Leisure and Community Heart, Redcar, TS10 1TD Tel: (01642) 444420/21 Fax: (01642) 481038.

FOR OFFICE USE ONLY

GRAVE REG:	REC NO:
INDEX PUR REG:	SCH NO:
PLAN:	ADVICE NO:
FEE: £	CHEQUE NO:
	LETTER: