



This form, together with the prescribed fee, should be sent to:

**Chigwell Parish Council
Hainault Road
Chigwell Essex IG7 6QZ**

APPLICATION FOR THE GRANT OF EXCLUSIVE RIGHT OF BURIAL AT CHIGWELL CEMETERY

1 Grave or Plot number	
2 Name, in FULL , inclusive of <u>any middle names</u> , of the person to be registered as the owner of the Exclusive Rights	
3 Address [including postcode] and telephone number of the registered owner.	
4 Amount of remittance enclosed with this application	<i>Telephone:</i> £ : p

I, the undersigned, hereby authorise and request Chigwell Parish Council to register to me the Burial Rights in the Grave Space to which this application refers.

<i>Signature</i> 	<i>Date</i>
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Your attention is drawn to the Cemetery Regulations and Schedule of Fees and Charges. Copies are available from the Clerk to the Council at the above address or online via Chigwell Parish Council under Cemetery

For office use only:

Amount paid	£	Remarks:
Fee checked.		
PG Reg No.		
G Reg Noted		
Plan Noted		
Index of PIR		
Deed Sent		

Form AppExRofB 2024v.1

Cheques should be made payable to “Chigwell Parish Council” and crossed A/c Payee only. BACS payments should be made to Unity Trust Bank sort code 60.83.01 acc 20471075