Family Approval of Transfer

|  |  |
| --- | --- |
| I (give full name)  |  |
| Of (give full postal address)  |  |
| Being (state full relationship to the deed holder)  |  |
| Do state that I give full and unreserved consent for (give full name/names of the proposed Deed holder/holders)  |  |
| Contact Tel no:  |  |
| Contact Email Address:  |  |
| to be granted the Right of Burial of Grave No |  | in section (give name of section) at Brackley Road Cemetery, Buckingham. |  |
| Signed |  | Date |  |
| Witness by |  | Date |  |
| Address  |  |

Return to: Estates Manager, Buckingham Town Council, The Buckingham Centre, Verney Close, Buckingham, Bucks. MK18 1JP.

Tel 01280 816801 Fax 01280 816426. Email:cemetery@buckingham-tc.gov.uk