



DROXFORD CEMETERY

FORM OF RENUNCIATION

I/WE the undersigned, hereby renounce all interest and title in the Right of Burial described in the Register as Grave No. ... Burial Registry Entry No. ... in Droxford Cemetery:

Full Name:

Signed: **Date:**

and desire that the said Right of Burial shall be vested solely in the following:

Full Name:

Relationship to above (if applicable)

of **Address:**

.....

.....

..... **Post Code:**

Dated: **and witnessed by:** *(person of standing in the community, e.g. Doctor, Clergy, Police, etc.)*

Name:

of **Address:**

.....

.....

..... **Post Code:**

Signature of Witness

This form to be attached to the Assignment of Rights of Burial