This form is to notify that you wish to surrender and completely release any and all responsibilities and ownership of rights, relating to your legal right of the grant for the Exclusive Right of Burial, for the grave plot listed below. Returned completed forms to: [clerk@langtonmatravers-pc.gov.uk](mailto:clerk@langtonmatravers-pc.gov.uk) or post: Parish Council Offices, 1A High Street, Langton Matravers, Dorset BH19 3HA

**This form is not for use if the personal details of the current owner of the grant of Exclusive Right of Burial are being updated or the deed is being transferred in ownership to another party. The form ‘Change of Details – Exclusive Right of Burial’ or the ‘Transfer of Ownership – Exclusive Right of Burial’ forms should be completed for these scenarios.**

**Current owner:**

|  |  |
| --- | --- |
| Cemetery – Plot number |  |
| Full name of current registered grave owner: |  |
| Address of current registered grave owner: |  |

I confirm that I (name):……………………………………………………………………………………… am the current and legal owner of the above mentioned grave plot. I wish to surrender and relinquish all and any responsibility, ownership or right of burial at the grave plot, and return this Exclusive Right of Burial back into full ownership of Langton Matravers Parish Council. I have attached my Grant of Exclusive Right of Burial and understand that I will not have any future right to interment of any nature in, around or adjacent to this plot, unless separately purchased and unrelated to this specific grant. I understand that I will not have any right to place a memorial, bench, memorabilia or articles/objects at this plot and relinquish all my rights, estate and title to this grant of Exclusive Right of Burial.

I confirm I have not sold, transferred or dealt with in another way, the current grant of Exclusive Right of Burial and formally sign below to hand back all original rights, to Langton Matravers Parish Council.

|  |  |
| --- | --- |
| Signature: |  |
| Date |  |

Any monies owed will be returned at the price of original payment made at time of purchase, minus administration fees.

**Commissioner of Oath / Solicitor:**

|  |
| --- |
| Address of organisation: |
| Occupation: |
| Contact details: |
| Name, signature and date:: |

**Office use only**

|  |  |
| --- | --- |
| Authorised, processed & updated by: |  |
| Signature and date: |  |