

GRAVE / VAULT OWNER CHANGE OF DETAILS

Please sign, date and return your original completed form to the address at the top of the page.
Please fill in the details below in BLOCK CAPITALS.

Name of deceased	Grave / vault number
<input type="text"/>	<input type="text"/>
Cemetery	Cemetery deed number (graves only)
<input type="text"/>	<input type="text"/>
Owner's name	Owner's previous name*
<input type="text"/>	<input type="text"/>
* For change of name a copy of the marriage certificate or change of name deed must be attached to this form.	
Current address	Previous address
<input type="text"/>	<input type="text"/>
Email address	Phone number
<input type="text"/>	<input type="text"/>
Signed (Applicant/ plot owner)	Date
<input type="text"/>	<input type="text"/>

Your details will not be passed on to any other organisation and will be held and processed in accordance with the Data Protection Act.

Photocopies or faxes cannot be accepted as we require your original ink signature.