

# Louth Town Council

The Sessions House, Eastgate, Louth, Lincolnshire LN11 9AJ - Tel: 01507 355895  
clerk@louthtowncouncil.gov.uk

## FORM OF RENUNCIATION - LONDON ROAD CEMETERY, LOUTH

Upon completion please return to Louth Town Council, The Sessions House, Eastgate, Louth, Lincolnshire LN11 9AJ together with a **Statutory Declaration** if applicable. If completing a Statutory Declaration, please complete this form first and then reference it on the Statutory Declaration form.

I / we the undersigned hereby renounce all my/our interest and title in the Exclusive Right of Burial described in the Register as Compartment \_\_\_\_\_ Grave \_\_\_\_\_ EX/RT Certificate No. \_\_\_\_\_ in the London Road Cemetery, Louth, Lincolnshire and desire that the said Exclusive Right of Burial shall be vested solely/jointly in my/our brother/sister/ \_\_\_\_\_ (for other, please specify).

### Details of person to retain Exclusive Right of Burial

Name \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Dated \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ Year

### Details of person(s) denouncing Exclusive Rights of Burial

**Name (1)** \_\_\_\_\_

Signed \_\_\_\_\_

Address \_\_\_\_\_ postcode \_\_\_\_\_

**Name (2)** \_\_\_\_\_

Signed \_\_\_\_\_

Address \_\_\_\_\_ postcode \_\_\_\_\_

**Name (3)** \_\_\_\_\_

Signed \_\_\_\_\_

Address \_\_\_\_\_ postcode \_\_\_\_\_

**In the presence of Witness:** \_\_\_\_\_ (Name)

\_\_\_\_\_ (Signature)

Address \_\_\_\_\_

**In the presence of Witness:** \_\_\_\_\_ (Name)

\_\_\_\_\_ (Signature)

Address \_\_\_\_\_