To be returned to: cemeteries@newport.gov.uk

**Statutory Declaration Document – Change of Ownership for ‘Exclusive Right of Burial’ at Newport City Council**

I, ………………………………………………………………………………………………………………………………………………………………..... (name of applicant making the declaration) of address ……………………………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………..solemnly and sincerely declare that …………………………………………………………………………………………………………………………………………… (name of) the current and legal owner, purchased the Exclusive Right of Burial, for grave number…………………………………………………………………………and deed number ……………………………………. on date ………………………………….. and that:

* The grave deed cannot be produced for the reason that ……………………………………………………………………………………..
* I wish to be registered as the successor for the Exclusive Right of Burial deed of the above grave, and that the previous owner died on the date: ………….………………………………….

I declare that I am entitled to be named as successor to the above grave deed for the following reasons:

* If other claimants are equally entitled to the grave, I have obtained their consent, so that I may be granted the grave deed
* To the best of my knowledge and belief, the current and legal owner had never assigned the Exclusive Right of Burial deed to any person, nor specified any reservation of the grave for any particular person in accordance with item 10(6) of the Local Authorities Cemetery Order 1977
* I will indemnify Newport City Council against all actions, proceedings, demands, costs and expenses of any nature whatsoever – including the exhumation of any burial if required - should it be subsequently proved that my claim and application above are unfounded and false and it is found that I have no claim or entitlement to the Exclusive Right of Burial in the aforementioned grave.

I make this solemn declaration conscientiously believing the enclosed above to be true and in virtue of the Statutory Declaration Act 1835

Day: ……………………………………………………………………….. Date: ……………………………………………………………………………..

Name in full (of applicant): ……………………………………………………………………………………………………………………………

|  |
| --- |
| Signature:  |

Solicitor / Commissioner for Oaths name: ……………………………………………………………………………………………

|  |
| --- |
| Signature:  |

At office address: …………………………………………………………………………………………………………………………………

**Applicants are reminded that failure to complete this declaration truthfully could give rise to criminal proceedings.**