**Indemnity Agreement – loss/replacement/copy - ERB** [](http://www.newport.gov.uk/en/Home.aspx)

This is an indemnity agreement following the loss, replacement or requested copy, of the Exclusive Right of Burial Grant. This form must be completed in full and returned along with a completed Statutory Declaration form. Please return to [cemeteries@newport.gov.uk](mailto:cemeteries@newport.gov.uk) or post to: Newport City Council, Cemeteries Team, Civic Centre, Godfrey Road, Newport NP20 4UR

In reference to the grave as stated below:

|  |  |
| --- | --- |
| Cemetery - section – block - number |  |
| Full name of registered grave owner |  |
| Address of registered grave owner |  |

This indemnity agreement is made on (date): …………………………………………………………… between

1. (Applicant /claimant name): ……………………………………………………………………………………………….

And 2. *Newport City Council, Civic Centre, Godfrey Road, Newport NP20 4UR acting as the burial authority for Newport City (the “Council”)*

Whereas:

The claimant (1) has made a Statutory Declaration dated: ……………………………………………………….. and has declared themselves to be the person entitled to exercise the Exclusive Right of Burial of the grave stated above.

The Council (2) following that declaration, is willing to allow the claimant (1) to exercise those rights (to the Exclusive Right of Burial) subject to them entering into this agreement.

The claimant (1) agrees that in consideration of them – and their successors in title – being allowed to exercise the Exclusive Right of Burial in the grave stated above, that they (1) and their successors, will indemnify the Council against all claims, demands, charges, costs, expenses, actions, liabilities and / or losses which the Council may suffer by reason of the exercised right.

Claimant: Commissioner of Oath / Solicitor:

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address of organisation: |
| Occupation: | Occupation: |
| Contact details: | Contact details: |
| Signature: | Signature: |

**Office use only**

|  |  |
| --- | --- |
| Authorised and updated by: |  |
| Fee payable and received: |  |
| Signature and date: |  |