## MONMOUTHSHIRE COUNTY COUNCIL STATUTORY DECLARATION

This statutory declaration must be completed separately by each applicant, where multiple applicants, as recorded in Section 2 and 3

DETAIL	S OF GRAVE	E											_								
Cemete	ery:									Gra	ve Nu	mber:									
Grave (	Owner:									Pur	chased	d On:									
NAME	AND ADDRI	ESS O	F SU	CCESS	OR																
DO SOI	LEMNLY AN	D SIN	CERI	LY D	ECLAI	RE as	follows	S:-													
THE GR	RAVE DEED (	CANN	ОТ В	E PRC	DUC	ED BE	CAUSE	:													
	TO BE REGIS				succ	CESSO	R IN TI	TLE TO	0 TH	IE EX	CLUSI\	/E RIG	iHTS	APF	PERT	AINI	NG TO	O THE	ABO	VE GR	AVE.
1. I her	eby declare	, alon	g wit	h any	othe	er app	olicants	name	ed in	Sect	ion 3 -	– plea	se l	st in	box	belo	w if a	applic	able		
2. that	I am entitle	ed to l	oe na	med	as th	e suc	cessor i	n title	e of t	the re	egister	red gra	ave	own	er fo	r the	follo	wing	reas	ons: -	
3. If an	ny other per	sons a	are e	qually	/ enti	tled I	have o	btain	ed tl	heir c	onsen	it that	: I sh	oulc	l be s	o na	med				
	he best of m																		Grav	e Own	er) have
	assigned the in accordar				_	_	-		-		-		-		rvati	on c	f the	grav	e for a	iny pa	rticular
5. I her	eby declare	that	l will	inder	nnify	Mon	mouths	shire	Cour	nty C	ouncil	again	st a	l act	ions,	pro	ceedi	ing, d	eman	ds, co	sts and
aforesa	es of any na aid" is unfou	ınded	and	that I	have	no t	itle to e	xerci	se th	ne Rig	tht of I	Burial	in t				-			-	
	ng the same	to be	true	by v	irtue	of th	e Statut	ory D	ecla	aratio	ns Act	of 18	35.								
Office s	RED AT tamp prefera	able																			
THIS							DAY OF	: [													
IN THE	COUNTY O	F						BEF	ORE	ME											
SOLICITOR/ MAGISTRATE/ COMMISSIONER FOR OA SIGNATURE -							ATHS														
OFFICE	ADDRESS																				
SIGNAT	L TURE OF AP	PLICA	NT [																		

APPLICANTS ARE REMINDED THAT FAILURE TO COMPLETE THIS DECLARATION TRUTHFULLY COULD GIVE RISE TO CRIMINAL PROCEEDINGS