

Town Hall, Market Square Witney, OX28 6AG

Tel: 01993 704379 E-mail: info@witney-tc.gov.uk

Mrs Sharon Groth FSLCC fCMgr Town Clerk

## EROB GRANT TRANSFER REQUEST FORM

Full Name of Deceased		
Date of Death		
Executive Rights Grant Number		
Grave/Cremation Plot Number		
Full Name & Address of the Current Holder of the Exclusive Right of Burial		
Full Name & Address Of Transferee		
Email Address Phone Number		
I hereby request that the Exclusi	ve Right of Burial be transferred into my r	name
Signed		
Relationship to Deceased		
Date		
I enclose proof of my right to ov	vnership of the grave: - (tick as appropriat	e)
Copy of Will	Copy of Probate	
Statutory Declaration $\Box$	Form of Assignment	
Grant of Letters of Administratio	n 🗖	
6AG.Payment can be by cheque Or, alternatively, please make the	nent of £40 to: Witney Town Council, Mai payable to "Witney Town Council" e payment to Sort Code: 20-97-48 Accou payment reference. e.g. "Mrs E Smith ERO	nt: 00974935 and use the applicants

I have enclosed a Cheque  $\square$  Paid by Bank Transfer  $\square$  or Funeral Director to be invoiced  $\square$ Payment must be received before the New EROB Grant can be transferred .

