



Purchase Only Form

For the pre-purchase of Graves and Cremated remains plots

I (title and full name)

Of (full address and postcode)

(Telephone Number)

Jointly/solely (delete as appropriate)

Along with (title and full name)

Of (full address and postcode)

(Telephone Number)

request City of Doncaster Council to issue me a formal grant of exclusive right of burial for the grave or vault described in the register as grave number

Doncaster Council's

Cemetery.

Applicant 1:

Signed

(Signature)

Dated

Print

(full name)

Applicant 2:

Signed

(Signature)

Dated

Print

(Full name)