Receipt:

STATUTORY DECLARATION APPLICATION

There is a fee of £115.00 applicable when submitting this application

Please return completed form to: Bereavement Services, Rose Hill Crematorium, Cantley Lane, Cantley, Doncaster, DN4 6NE

Cemetery:		Section:		Number:
Full name & <u>date of death</u> of			<u> </u>	
original owner:				
Purchase date:		Deed Number:		
Names of people buried:				
Full name and address of Next of Kin who is applying: (Must be closest next of kin)				
Telephone number:				
Email:				
Relationship to original owner:				
Is there a will?		Yes / No		
15 1 1 2		(If yes please provide a copy)		
If yes, is there probate?		Yes / No		
If no will - are there Letters of Administration?		(If yes please provide sealed copy) Yes / No		
if no will - are there letters of Administration?		(If yes please provide sealed copy)		
If no Probate or Letters of Administration				ovide sealed copy)
Please complete <u>all</u> of Grave Owners nearest Next of Kin of equal kinship to the person applying.				
PLEASE NOTE WE ALLOW A MAXIMUM OF 2 PEOPLE TO BE NAMED ON A GRAVE DEED - ALL OTHER				
NEXT OF KIN MUST RENOUNCE THEIR RIGHT VIA A FORM OF RENUNCIATION.				
Name:	Name:		Name	
Turne.			, vanie	
Address:	Address:		Addre	ess:
Relationship:	Relationship:		Relati	onship:
To renounce – Yes / No	To renounce – Yes / No		To rer	nounce – Yes / No
Name:	Name:		Name	:
Address:	Address:		Addre	ess:
Relationship:	Relationship:			onship:
To renounce – Yes / No To renounce – Yes / No To renounce – Yes / No				nounce – Yes / No
'Next of kin' / 'Nearest Relative' -				

Husband / Wife
 Son / Daughter
 Father / Mother
 Brother / Sister
 Grandparent
 Weephew / Niece

Please return to: Rose Hill Crematorium, Cantley Lane, Cantley, Doncaster, DN4 6NE

Email: cems@doncaster.gov.uk