



**CORK CITY COUNCIL
COMHAIRLE CATHRACH CHORCAÍ**

Recreation, Amenity & Culture Directorate

APPLICATION FOR TRANSFER OF GRANT OF RIGHT OF BURIAL (FROM DECEASED TO LIVING IN ST. _____'S CEMETERY, CORK

We, the undersigned, have been informed by

Name: _____(Applicant)

Address: _____

that it is his/her intention to make application to Cork City Council for transfer to his/her name from the deceased owner

_____ (Name)

_____ (Address)

_____ (Address)

Section _____ Row _____ Plot _____ St. _____'S Cemetery, Cork.

We willingly and freely support his/her application and offer no objection to the above plot being registered in his/her name.

Name & Address

Relationship to Applicant

Signature/Date

The persons who have signed above are the only persons known to me who have an interest in this plot.

Signed: _____ (Applicant) Name: _____ (Block Capitals)

Address: _____

Date: ____/____/____ Relationship to deceased owner: _____

Please return completed form accompanied by Solicitors or Commissioners for Oaths letter confirming the details contained in this form to:- Cork City Council, Floor 2, City Hall, Cork.
Reception Desk, Ground Floor, City Hall, Anglesea Street, Cork.

If you have any queries, please contact us at Tel. No:- 021 - 4924333

