



Grant No.  _____
Plot No.  _____

**APPLICATION FOR PRE-PURCHASE OF GRAVE**

Please return to: The Clerk, Middle Rasen Parish Council, Mill View,  
Gainsborough Rd, Middle Rasen LN8 3JU Tel: 07923 665800 or contact  
clerk@middlerasenparishcouncil.gov.uk in office hours

<p>Full name of purchaser .....</p> <p>Full address of purchaser .....  .....</p> <p>Post Code .....</p>
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<p>I wish to purchase a grave in the Middle Rasen Cemetery. Unless otherwise agreed in writing I understand that the plot will be reserved in line with the regulations of the cemetery. I agree to comply with the rules and regulations governing the Cemetery (copy attached).</p> <p>Signed _____ Date _____</p>
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For Office use only

Non Allocated	Allocated
<input type="checkbox"/> Deed Date.....	<input type="checkbox"/> Deed Date..... <input type="checkbox"/> Ex Rights Doc
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> GR <input type="checkbox"/> Spreadsheet
<input type="checkbox"/> Main Book	<input type="checkbox"/> O