



Change of Address Form

Name of Grant Holder(s)		
Grave Number	Grant Number	
	Postcode	
New Address		
	Postcode	
Telephone Number	Email	
whatsoever in this matter or arising bound by the Rules and Regulations	I Town Council and all its officers and servants from any liable thereof. I hereby declare that as the registered owner to be lead and any further amendments as result of legislative changes rivacy Notice for Bereavement Services.	gally
Signature	Date	

Proof of identity and address will be required.

Approved: STC 28th February 2023



