Form E.A.6

Bereavement Services Western Road KILMARNOCK KA3 1LL

Tel: 01563 554775/6 Fax: 01563 554777 **Email:** BereavementServices@east-ayrshire.gov.uk



Form of Renunciation

KILMARNOCK Cemetery, and desire that the said Right of Burial'shall be vest solely/jointly in *my/our *brother/sister or other, please state:	Please complete in CAPITAL	LETTERS and *Delete as a	ppropriate		
KILMARNOCK Cemetery, and desire that the said Right of Burial shall be vest solely/jointly in *my/our *brother/sister or other, please state: Enter full name and address of person/s renunciation is in favour of:	I/we, the undersigned h	ereby renounce all * my	/our interest and title	e in the Right o	f Burial described in t
solely/jointly in *my/our *brother/sister or other, please state: Inter full name and address of person/s renunciation is in favour of: MR JOHN BROWN 10 SMITH STREET ANYTOWN PA12 6BS Hease complete in CAPITAL LETTERS Applicant/s Signature: 1) BARRY BROWN 2) ANN BROWN spplicant/s Full Address: 1) 12 BOX AVENUE, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE Vitnesses Name: 1) MARY SMITH 2) TOM JONES Vitnesses Full Addresses: 1) 2 COLLA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE	Plan as Section A		Lair No/s	10	in the
MR JOHN BROWN 10 SMITH STREET ANYTOWN PA12 6BS Hease complete in CAPITAL LETTERS Applicant/s Name: 1) BARRY BROWN 2) ANN BROWN Witnesses Signature: 1) 12 BOX AVENUE, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE Vitnesses Name: Witnesses Signature: 1) MARY SMITH 2) TOM JONES Vitnesses Full Addresses: 1) 2 COLA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE	KILMARN	OCK Cemete	ery, and desire that t	the said Right o	of Burial shall be vest
MR JOHN BROWN 10 SMITH STREET ANYTOWN PA12 6BS Hease complete in CAPITAL LETTERS Applicant/s Name: 1) BARRY BROWN 2) ANN BROWN 2) 26 ANY ROAD, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE 2) TOM JONES Vitnesses Name: Witnesses Full Addresses: 1) 2 COLA AVENUE, ANYTOWN, POSTCODE 2) TOM JONES Vitnesses Full Addresses: 1) 2 COLA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE	solely/jointly in *my/oເ	ır *brother/sister or ot	her, please state:		
10 SMITH STREET ANYTOWN PA12 6BS Pease complete in CAPITAL LETTERS Applicant/s Name: 1) BARRY BROWN 2) ANN BROWN 2) ANN BROWN Applicant/s Full Address: 1) 12 BOX AVENUE, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE Vitnesses Name: Witnesses Signature: 1) MARY SMITH 2) TOM JONES Vitnesses Full Addresses: 1) 2 COLA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE				•	
10 SMITH STREET ANYTOWN PA12 6BS Hease complete in CAPITAL LETTERS Applicant/s Name: 1) BARRY BROWN 2) ANN BROWN 2) ANN BROWN upplicant/s Full Address: 1) 12 BOX AVENUE, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE Vitnesses Name: Witnesses Signature: 1) MARY SMITH 2) TOM JONES Vitnesses Full Addresses: 1) 2 COLA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE		dress of person/s ren	unciation is in favo	ur of:	
ANYTOWN PA12 6BS Please complete in CAPITAL LETTERS Applicant/s Name: Applicant/s Signature: Applicant/s Signature: Applicant/s Signature: Applicant/s Full Address: Applicant/s Full Addresses: Applicant/s Full	MR JOHN BROWN				
PA12 6BS tease complete in CAPITAL LETTERS Applicant/s Name: 1) BARRY BROWN 2) ANN BROWN 2) ANN BROWN Applicant/s Full Address: 1) 12 BOX AVENUE, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE Vitnesses Name: 1) MARY SMITH 2) TOM JONES Vitnesses Full Addresses: 1) 2 COLA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE	10 SMITH STREET				
Please complete in CAPITAL LETTERS Applicant/s Name: 1) BARRY BROWN 2) ANN BROWN 2) ANN BROWN Applicant/s Full Address: 1) 12 BOX AVENUE, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE 2) TOM JONES Witnesses Full Addresses: 1) 1 2 COIL A AVENUE, ANYTOWN, POSTCODE 2) TOM JONES Vitnesses Full Addresses: 1) 2 COIL A AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE	ANYTOWN				
Applicant/s Name: Applicant/s Signature: 1) BARRY BROWN 2) ANN BROWN 2) ANN BROWN Applicant/s Full Address: 1) 12 BOX AVENUE, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE Witnesses Name: Witnesses Signature: 1) MARY SMITH 2) TOM JONES Witnesses Full Addresses: 1) 2 COILA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE	PA12 6BS				
1) BARRY BROWN 2) ANN BROWN 2) ANN BROWN Applicant/s Full Address: 1) 12 BOX AVENUE, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE 2) TOM JONES Mitnesses Full Addresses: 1) 2 COILA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE					
1) BARRY BROWN 2) ANN BROWN 2) ANN BROWN Applicant/s Full Address: 1) 12 BOX AVENUE, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE 2) TOM JONES Vitnesses Full Addresses: 1) 2 COILA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE		TERS			
2) ANN BROWN Applicant/s Full Address: 1) 12 BOX AVENUE, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE Vitnesses Name: 1) MARY SMITH 2) TOM JONES Vitnesses Full Addresses: 1) 2 COILA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE			Applicar	nt/s Signature:	
Applicant/s Full Address: 1) 12 BOX AVENUE, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE Vitnesses Name: Witnesses Signature: 1) MARY SMITH 2) TOM JONES Vitnesses Full Addresses; 1) 2 COLA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE	,				
1) 12 BOX AVENUE, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE Vitnesses Name: Witnesses Signature: 1) MARY SMITH 2) TOM JONES Vitnesses Full Addresses: 1) 2 COILA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE	2) ANN BROWN				
1) 12 BOX AVENUE, ANYTOWN, POSTCODE 2) 26 ANY ROAD, ANYTOWN, POSTCODE Witnesses Name: Witnesses Signature: 1) MARY SMITH 2) TOM JONES Witnesses Full Addresses: 1) 2 COILA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE					
Witnesses Name: Witnesses Signature: 1) MARY SMITH Witnesses Signature: 2) TOM JONES Witnesses Full Addresses: 1) 2 COILA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE			DE		
1) MARY SMITH 2) TOM JONES Vitnesses Full Addresses: 1) 2 COILA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE	2) 26 ANY ROAD, A	YTOWN, POSTCODE			
1) MARY SMITH 2) TOM JONES Vitnesses Full Addresses: 1) 2 COILA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE					
Vitnesses Full Addresses: 1) 2 COILA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE			Witnesse	es Signature:	
Vitnesses Full Addresses: 1) 2 COILA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE	2) TOM JONES				
1) 2 COILA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE					
1) 2 COILA AVENUE, ANYTOWN, POSTCODE 2) 33 MARINA TERRACE, ANYTOWN, POSTCODE					
2) 33 MARINA TERRACE, ANYTOWN, POSTCODE			DDE		
Day of 20		, ,, , , , , , , , , , , , , ,			
Dn this Day of 20					
	On this	Day of		20	
re a la contra		·			

FOR OFFICE USE ONLY								
Date Received:			Checked:		Folio No:			
Certificate Fee:	£	Comments:						
Issue 1						Date 21/04/09		