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## FORM OF ASSENT

(To be used by Executor / Administrator / Solicitor only)

Please return this form once completed with the completed consent form to the above address.  
The fee for this is on the Scale of Fees

I / We (print title and full name) \_\_\_\_\_

address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

being (a) the executor(s) of Will of \_\_\_\_\_ proved in the

\_\_\_\_\_ Probate Registry on the \_\_\_\_\_

day of \_\_\_\_\_ in the year \_\_\_\_ do hereby assent to transfer to

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ the

Exclusive Rights of Burial in Grave \_\_\_\_\_ in Alleyfield, Ickleford Burial Ground,

Grave space \_\_\_\_\_, which was granted to the said \_\_\_\_\_ by

Ickleford Burial Ground Trust by a Deed of Grant numbered IBGT \_\_\_\_\_ on the

\_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_ and all my

estate, title and interest therein, to hold unto the said \_\_\_\_\_ of

\_\_\_\_\_ Post Code \_\_\_\_\_

subject to the conditions on which I / we held the same immediately before the execution thereof.

Witness my Hand this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Witness by (Signed) \_\_\_\_\_ Date \_\_\_\_\_

Witness by (Print name) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

Email address required for payment \_\_\_\_\_

**Registered Charity Number 1132106**