

APPLICATION FOR DUPLICATE GRANT OF RIGHT OF BURIAL

Name:			(Applicant)
Address:			
I do hereby desire that a duplica	te Grant of Right o	f Burial in	
Section Row Plot	in St	Cemet	ery be granted to me,
(I	Name) Of		
			(Address)
In perpetuity by CORK CITY CO by-laws governing the cemetery.	, 0	e Burial Bord for the C	ity of Cork), subject to the
Please outline clearly the reason	, 11	-	G
Signed:	Dat	te:/	

Please return to: Parks & Cemeteries | Environment & Recreation Section | Operations Directorate | Cork City Council, Room 112, City Hall, Cork T12 T997, Ireland.
Queries: - 021 492 4000