

QUESTIONNAIRE FOR STATUTORY DECLARATION

Statutory Declarations are bespoke. This questionnaire will help generate the final document.

Please complete using **full names**. *A death certificate may be asked for

Grave number of Balsall Parish Council's Temple Balsall Cemetery

Name of last person interred..... (year)

Full name of current registered owner.....

Date / place of death of registered owner *.....

1 Did registered owner have a spouse? Y / N (if N, go to question 5)

Spouse name

2 Is spouse alive? Y / N

date / place of death* (if relevant)

or full address..... **(go to Q9)**

3 Did spouse re-marry? Y / N (if N, go to question 5)

Second spouse name

4 Is second spouse alive? Y / N

date / place of death* (if relevant)

or full address..... **(go to Q9)**

5 Did registered owner have children that survived them? Y / N

Surviving children of grave owner

Name..... relationship

date / place of death* (if relevant)

or full address

Name..... relationship

date / place of death* (if relevant)

or full address

Name..... relationship

date / place of death* (if relevant)

or full address

(please continue on a separate piece of paper, if necessary)

(if Y, go to question 8)

6 Did registered owner have parents that survived them? Y / N

Surviving parent(s) of registered owner

Name..... relationship

date / place of death* (if relevant)

or full address

Name..... relationship

date / place of death* (if relevant)

or full address

(please continue on a separate piece of paper, if necessary)

(if Y, go to question 9)

7 Did registered owner have siblings that survived them? Y / N

Surviving sibling(s) of registered owner

Name..... relationship

date / place of death* (if relevant)

or full address

Name..... relationship

date / place of death* (if relevant)

or full address

Name..... relationship

date / place of death* (if relevant)

or full address

(please continue on a separate piece of paper, if necessary)

8 Names of proposed new owners (up to two)

Name..... relationship

Name..... relationship

9 Completed by

Title Full name

Address

.....Postcode

Telephone Mobile

Email