

AFFIDAVIT FOR THE RE-OPENING OF GRAVE FOR THE BURIAL

I, Mr./Mrs./Ms. ____ S/D/W/o. ____; aged ____; R/o. ____; Member of (Church) ____ do solemnly declare

• That, I and the undersigned are the legal heir/s of the deceased late Mr./Mrs/Ms. ____ (Relationship ____) buried on ____ and hereby request you to kindly allow us to reopen the grave for the burial of Mr./Mrs/Ms. ____ (Relationship ____) said to be died on ____ (date).

• That I am hereby attaching the copy of Aadhar Card/Passport; contact details along with the NOC from legal heir/s along with this Affidavit.

• That I also submit the following documents required for the burial of Mr./Mrs/Ms. ____ said to be died on ____ (date):

1. Death Certification by the Doctor; or
2. Declaration, as mandated by the Law, by the legal heir of the deceased on a duly notarized court affidavit (on Rs. 10/- non-judicial stamp paper) stating the place, time and cause of death (submission of treatment papers), witnessed by 5 people (with full names & signatures, addresses, copies of Aadhar Card/Passport); and
3. Certificate of COVID-19 Test;
4. Copy of Aadhar Card/Passport of the deceased;
5. In case of police verification of death, verification certificate from police department with the signature and seal of the verifying officer.
6. Letter of membership from the Parish Priest.

• That I shall pay all the maintenance charges for the upkeep of the grave before the burial.

• That my family /legal heir/s shall abide and be governed by the terms and conditions as stipulated and contained in the Grave Management Rules proposed by the Graveyard Management Committee and approved by the Pastorate Committee of The Church Of Epiphany (CNI), Civil Lines, Gurugram, Haryana.

• That it has been informed to me, and have fully understood that the grave will be retained for 7 years and thereafter will be reclaimed by the Cemetery Committee for reuse for other burials.

• That I/We have clearly understood all the terms and conditions as specified by the Epiphany Church Cemetery Committee and hereby submit this Affidavit duly signed by me/legal heir as NO OBJECTION to the terms and conditions mentioned.

ACKNOWLEDGMENT:

I/We the legal heir/s of late Mr./Mrs/Ms. ____ do hereby give my/our consent to reopening of the grave of late Mr./Mrs/Ms. ____ for the burial of Mr./Mrs/Ms. ____ said to be died on ____ (date).

Date:

Deponent

Place: (Signature & Name)

Witness/legal Heir 1: (relationship____). _____

(Signature & Name)

Contact Details: _____; Mobile No. _____

Witness/legal Heir 2: (relationship____) _____ (Signature &
Nam