WALGRAVE PARISH COUNCIL

Tel: 07990 660123 email: clerk@walgraveparishcouncil.gov.uk

APPLICATION FOR PERMIT TO ERECT, ALTER OR ADD FURTHER INSCRIPTION TO A MEMORIAL IN WALGRAVE CEMETERY

MEMORIAL IN WALGRAVE CEMETERY	
Applicants Name: (this person will be responsible for the maintenance of the memorial)	
Name:	
Home Address:	
	Postcode:
Details of Deceased:	<u> </u>
Name:	
Grave number: (if known)	Fee: (please see separate fees list)
Details of Stonemason:	Three see set set set set set set set set s
Contact Name:	
Telephone:	Email:
Address:	
Details of new Memorial: an image would be appreciate	ed in addition to the details below
Monolith or lawn memorial:	
Material:	Dimensions
Inscription:	
NB: Please inscribe the grave number on the bottom rear of the memorial	
Alterations to existing memorial/additional inscription:	
Nature of the alteration of the additional inscription to be added:	
Certification of compliance of work (to be completed by Stonemason) We do hereby certify that all work to be carried out on the installation of the memorial subject to this application will comply with BS 8415 supported by the NAMM Code of Working Practice in force at the time of the installation	
Stonemason: (signature)	(print)
Date:	
Application approved by: (print name) Parish Clerk on behalf of Walgrave Parish Council Signed: Dated:	