CROSCOMBE PARISH COUNCIL

Parish Clerk: Joe McGhee 07734 742977 clerk@croscombeparishcouncil.co.uk

Beynon Fayreway Croscombe BA5 3QZ

APPLICATION TO ERECT A MEMORIAL

PLEASE COMPLETE ALL SECTIONS on this page

We apply for permission to erect the memorial described below and agree to comply with the

regulations of the cemetery in connection with t	tions of the cemetery in connection with the execution of the work.	
Name of Masons:-		
Address:-		
Telephone No:-	Date:	
DETAILS OF DECEASED		
Full Name:-		
Date of Death / Interment:-	Cemetery (please specify):-	
Grave Number: [Deed Number:	
authorise this application and the execution of	the work.	
Signature of registered owner of the grave:		
Address:		
NOTE: If the owner of the grave is deceased, the own approved. No memorials can be erected on graves unl	ership must be transferred before this application can be ess the exclusive right has been purchased.	
FEES PAID AS	PER TABLE OF FEES	
Headstone - Lawn Section	£	
Headstone - Old Part Cemetery (Above 3'6 (1070	mm)) £	
Kerbs - Old Part Cemetery Only	£	
Vase	£	
Second Inscription	£	
Garden of Rest - Street	£	
Flat tablet excluding vase	TOTAL FEE C	
	TOTAL FEE £	

DESIGN OF MEMORIAL

DIMENSIONS OF MEMORIALS		INSCRIPTION
Material to be used:-		
Headstone:- Height	Width	
Kerb:- Length	Width	
Landing Stone:-		
Length	Width	
Is landing stone to be place	ed above the surface of ground?	
	EXISTING MEMORIAL	scription:-
If there is already a Memor	rial on the grave, please give brief de	ser iperori.
If there is already a Memor	rial on the grave, please give brief de	serriperori.
If there is already a Memo	rial on the grave, please give brief de	
If there is already a Memo	rial on the grave, please give brief de	
If there is already a Memo	rial on the grave, please give brief de FOR OFFICE USE ONLY	

A Photograph or a drawing to scale of the proposed Memorial is to be shown here.