

.....**CEMETERY, FARNHAM**

APPLICATION FOR PERMIT TO (*Please delete as applicable)

***ERECT MEMORIAL WITH INSCRIPTION/ PLACE ADDITIONAL INSCRIPTION/ OTHER WORK**

Particulars of Grave: Section No.
 Name of Deceased: *(in full)*
 Date of interment:
 Address at time of death:
 Name of Applicant: (in full)
 Address:

I, being the person entitled to the Exclusive Right of Burial (ER of B) in the grave space indicated above, authorise this application and the execution of the work.
 Signature of Registered Owner of the 'ER of B'.....
 Print Name.....
NOTE: If the Owner is deceased, the ownership must be transferred before this application can be approved.

I/We hereby make application for permission to: *(please tick as applicable)*

Place and maintain a memorial	
Place and maintain a vase and plinth	
Place and maintain an inscription on a memorial	
Place and maintain an additional inscription on a memorial	
Clean and repair existing memorial	
Other work (Health & Safety)	

NOTE: No memorials can be placed in the Cemetery without prior arrangement with Farnham Town Council.

A fee of £..... is enclosed herewith (all cheques to be made payable to “Farnham Town Council”)

EXISTING MEMORIAL

(If there is already a memorial on the grave, please give a brief description)

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DESCRIPTION OF PROPOSED MEMORIAL (please note extra base dimensions are required)

Materials to be used:

Ground anchor system to be used

Headstone: Height Width Depth.....

Headstone plinth/base: Height..... Width..... Depth.....

Number of Vases: *None/One/Two (*delete as applicable) Other Monument

Design of Memorial – Photograph/Drawing to Scale of the Proposed Memorial

(Additional pages can be attached to this application, but please ensure that each sheet includes the **deceased's name** and is **signed by Owner**)

(NOTE: The Plot Number is to be engraved on the back of all memorials)

PROPOSED INSCRIPTION / ADDITIONAL INSCRIPTION

(Please provide the wording and punctuation exactly as it will appear on the memorial)

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I confirm that the Company below is BRAMM registered and the above works will be carried out in full accordance with the NAMM Code of Working practice

Signature of Undertaker or Stonemason.....Date.....

Name of Stonemason.....

Address of Stonemason.....

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