



STOW ON THE WOLD TOWN COUNCIL

APPLICATION FOR ERECTION OF MEMORIAL, TABLET (ASHES AREA) & ADDITIONAL INSCRIPTION

NOTE - This form must be completed by or on behalf of both the applicant and any agent or craftsman acting on behalf of the applicant.

FULL Name & Address of Applicant (Being the person commissioning the memorial and who will assume responsibility for its safety and upkeep and not the memorial mason)	
Postcode	
FULL name of the deceased person	
Relationship to the deceased	
Has the Exclusive Right of Burial been purchased? (If no then separate application form should be completed and appropriate fees paid at the same time as this application)	YES / NO
Which section of cemetery?	Victorian / New Cemetery / Garden of Remembrance / Millennium
Plot number	
Type of memorial proposed (Sketch of memorial and foundations must be attached or drawn overleaf showing all dimensions) Material (Name of stone from which the memorial will be made including colour)	
Proposed inscription & decoration if appropriate	
Memorial Mason's Name & Address	
Postcode	
Telephone Number	
Mobile Number	
Email address	

SKETCH OF PROPOSED MEMORIAL

IMPORTANT: Please show all relevant dimensions for both the proposed memorial and its foundations including notes to indicate the proposed jointing arrangements and any ground anchoring systems.
NO work must commence until the applicant has received a signed, therefore approved copy of this form and fees have been paid in full.

I hereby request permission to install/amend/repair the memorial mentioned overleaf and confirm that I will commission the works in accordance with the council's Cemetery Rules & Regulations relating to the erection of memorials/fixings (dated April 2019). I confirm that I have given a copy of the said Rules & Regulations to the applicant as the memorial owner.

Name _____ Signature _____ Date _____
(Memorial Mason)

FOR OFFICE USE ONLY:		
Approved by _____	Date _____	
(Clerk of the Council)		
Fee Payable	Received	Ref