

BILLINGBOROUGH PARISH COUNCIL MEMORIAL APPLICATION FORM

A Memorial Permit must be applied for AND approved before a Memorial or Wooden Cross is erected and the appropriate fee paid BEFORE the permit is issued.

FULL NAME OF DECEASED.....

GRAVE ROW AND LETTER

NAME OF APPLICANT

ADDRESS

..... EMAIL/PHONE NO

RELATIONSHIP TO DECEASED

NAME OF STONEMASON

ADDRESS

.....POST CODE

EMAIL/PHONE NO

PLEASE SKETCH BELOW THE PROPOSED MEMORIAL SHOWING DIMENSIONS, MATERIAL USED AND ANY INSCRIPTION, INCLUDING COLOUR OF STONE AND ANY INSCRIPTION THAT WILL APPEAR ON THE MEMORIAL. PLEASE INCLUDE THE DETAILS OF ANY VASE TO BE USED.THE SURNAME OF THE DECEASED MUST BE INSCRIBED ON THE REVERSE, NEAR THE TOP, AS PER CEMETERY REGULATIONS.

FOR COUNCIL USE ONLY : AUTHORISED BY, SIGNATURE:

PRINT NAME:

INV NO

DATE PAID

REC NO

PERMIT NO