



Memorial Permit Application

A permit is required for all memorial works in the Cemetery.

SECTION 1: DETAILS OF GRAVE

Grave Number

Deed of Grant Number

SECTION 2: DETAILS OF APPLICANT

Full name of applicant:

Ms

Miss

Mrs

Mr

Other

Address:

Postcode:

Email:

Telephone:

DECLARATION BY APPLICANT (Tick as appropriate)

A. **I AM** the registered owner of the Exclusive Rights of Burial as recorded on the Deed of Grant and hereby apply for a memorial permit to be issued subject to the regulations of Alcester Town Council

B. **I AM NOT** the registered owner of the Exclusive Rights of Burial as recorded on the Deed of Grant. I am a relative of the person buried in the grave but it is impractical for me to trace the rightful owner and I hereby apply for a memorial permit to be issued to place and maintain, or add an inscription on a memorial on the grave. I further declare that should the rightful owner be traced I agree to remove the memorial at my expense if requested.

I understand that I am responsible for the maintenance of the memorial and that the Council may take any action they deem necessary should the memorial become unsafe or dilapidated. I also understand that the memorial may be removed temporarily to allow burials in adjacent graves of this grave.

Signature:

Date:

SECTION 3: DETAILS OF MEMORIAL MASON

Name of Memorial Mason

Full address including postcode:

Email:

Telephone:

SECTION 4: DETAILS OF MEMORIAL WORKS

1. MEMORIAL PERMIT TYPE (Tick as appropriate)

NEW HEADSTONE (Grave) <input type="checkbox"/>	NEW HEADSTONE (Cremation Plot) <input type="checkbox"/>
NEW STONE VASE/TABLET <input type="checkbox"/>	EXISTING MEMORIAL (modification or inscription) <input type="checkbox"/>

2. MEMORIAL DETAILS

Nature of works and materials used

INSCRIPTION

MEMORIAL DRAWING

3. MEMORIAL DIMENSIONS

	Height	Width	Depth
MEMORIAL			
MEMORIAL BASE			
FOUNDATION			

Alcester Town Council
Globe House
Priory Road
Alcester
B49 5DZ

Tel: 01789 766084
Email: reception@alcester-tc.gov.uk