# FIVEHEAD AND SWELL PARISH COUNCIL – BURIAL AUTHORITY

**MEMORIAL APPLICATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Memorial |  |  |  | Additional Inscription |  |  |  |  |

 **APPLICATION TYPE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Replacement |  |  |  | Maintenance |  |  |  |  |

**SECTION ONE: TO BE COMPLETED BY THE GRAVE OWNER**

I/We, the undersigned, being the person(s) entitled to the Exclusive Right of Burial for grave number [ ] in Fivehead Cemetery, apply for permission for the work to be carried out as detailed below on the aforementioned grave and in accordance with the Parish Council’s Cemetery Conditions. If required by the council I will produce the Burial Grant as evidence of ownership of the Exclusive Right of Burial.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME**  |  |  |  |  |
|  |  |  |  |  |
| **ADDRESS** |  |  |  |  |
|  |  |  |  |  |
| **SIGNATURE AND DATE** |  |  |  |  |

 *This form must be signed by all registered owners, if applicable.*

 **SECTION TWO: TO BE COMPLETED BY THE CONTRACTOR**

I hereby apply to carry out the work as detailed below and in accordance with the Parish Council’s Cemetery Conditions.

|  |  |  |
| --- | --- | --- |
| **NAME OF CONTRACTOR**  |  |  |
|  |  |  |
| **BUSINESS ADDRESS**  |  |  |
| **CONTACT TELEPHONE** |  |  |
|  |  |  |
| **BRAMM / NAMM FIXER NO. & EXPIRY***For the fixer undertaking the works.* |  |  |
|  |  |  |
| **SIGNATURE AND DATE** |  |  |

**DETAILED DRAWING SHOWING DIMENSIONS AND TYPE OF MATERIAL:**

*Drawings can be submitted on additional sheets.*

|  |  |  |
| --- | --- | --- |
| **PROPOSED COLOUR & MATERIAL** |  |  |
|  |  |  |
| **TYPE OF GROUND ANCHOR SYSTEM** |  |  |
|  |  |  |
| **FULL NAME OF DECEASED** |  |  |

**PROPOSED INSCRIPTION(S) OR DETAIL OF OTHER WORK:**