

Leintwardine Group Parish Council
Clerk to the Council, The Reading Room, High Street, Leintwardine SY7 0LZ
Email: leintwardinegpc@gmail.com

APPLICATION TO ERECT/CARRY OUT WORK ON A MEMORIAL

This notice should be completed and delivered to the Council Office above **PRIOR TO WORK COMMENCING**. The prompt delivery of this form is essential in ensuring the smooth running of this service.

Cemetery: Leintwardine Cemetery

Name & Address of Memorial Mason:

Name:

Address:

Postcode:

Telephone number:

Email:

Name & Address of Registered Grave Owner:

Telephone number:

Type of Memorial, dimensions & sketch:

Work to be carried out (Please indicate):

New Inscription Additional Inscription Cleaning Repair

If cleaning whether it is to be removed or on site?

If on site, cleaning materials to be used:

Overall size of memorial:

Height: **Base width:** **Base Depth:**

Wording of inscription:

Signature & Address of grave owner:

The Grant of Exclusive Right MUST accompany this application before permission is granted

Grant number:

Regulations as to Memorials

1. Headstones should be of an UPRIGHT design 3' high x 2' wide x 3" thick.
2. The headstone set should rest on a separate base 36" x 18 x 2" fixed to NAMM Code of Practice by a registered approved mason.
3. Memorials cannot be installed on full graves until 6 months and one day following the last interment to allow for subsidence.
4. The text for inscriptions should be submitted to the Council for scrutiny and acceptance. Only surnames are permitted on the reverse of the memorial.
5. Name of persons who will be interred either now or in the future (must be a parish resident at the time of pre-purchase).

For Official Use only

Date Received		Grant Number	
Permit Fee		Grave Number	