



ABBOTTS ANN PARISH COUNCIL
MEMORIAL APPLICATION

APPLICATION TYPE Inscription on Memorial Stone in Garden of Remembrance

SECTION ONE: TO BE COMPLETED BY THE OWNER(S) OF EXCLUSIVE RIGHT OF BURIAL OF THE PLOT

I/We, the undersigned, being the person(s) entitled to the Exclusive Right of Burial for plot number [] in Abbots Ann Burial Ground, apply for permission for the work to be carried out as detailed below on the Memorial Stone in the Garden of Remembrance and in accordance with the Council's Burial Ground Regulations.

NAME

ADDRESS

**SIGNATURE
AND DATE**

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 Council's Burial Ground Regulations. I confirm that all works will comply with the Burial Ground Regulations.

NAME OF CONTRACTOR

BUSINESS ADDRESS

CONTACT TELEPHONE

BRAMM/NAMM FIXER NO. & EXPIRY

For the contractor undertaking the works.

SIGNATURE AND DATE

FULL NAME OF DECEASED

RESIDENT? (Y/N)

PROPOSED INSCRIPTION:

For Parish Council Office use only:

Plot Number:

Memorial Fee paid: £

Date of Parish Council approval (if required):

Resident: Y / N