

Newent Town Council

Annexe Building
Rear Newent Community Centre
Ross Road
Newent
Gloucs.
GL18 1BD
Tel: 01531 820638
Email: townclerk@newenttowncouncil.gov.uk

Application Form for: Erection of Memorial, Tablet (Garden of Remembrance) & Additional Inscription

NOTE: Before completing and submitting this form, please ensure that you have received a copy the Council's Rules & Regulations relating to memorials. This form must be completed by or on behalf of both the Applicant and any agent or craftsman acting on behalf of the Applicant.

Full Name & Address of Applicant: (Being the person commissioning the Memorial and who will assume responsibility for its safety and upkeep thereafter)	
	Tel:
Relationship to the Deceased:	
Full Name of the Deceased:	
Has the Exclusive Right of Burial been purchased: (If No then separate application form should be filled out and appropriate fee paid prior to memorial being erected)	Yes/No Grant No:
Grave Reference:	
Type of Memorial Proposed: (Sketch of memorial and foundations must be attached or drawn on the reverse of this form, showing all dimensions)	
Material: (Name of stone or wood from which the Memorial will be made including colour)	
Proposed Inscription: (and decoration if appropriate)	

Name & Address of Monumental Mason:	
	Tel:

SKETCH OF PROPOSED MEMORIAL

IMPORTANT: Please show all relevant dimensions for both the proposed Memorial and its foundations. Brief notes should also be added to indicate proposed jointing arrangements and any ground anchoring systems. The Council also requires that, for all initial or replacement Memorials, the name of the monumental mason and the Plot Number should be discretely but visibly inscribed on a suitable lower rear part of the Memorial.

I hereby request permission to install/amend/repair a Memorial as above and overleaf and confirm that I will commission the works in accordance with the Council's Rules of which I have received a copy. I also confirm that the memorial to be erected conforms to the National Association of Memorial Masons (NAMM) Code of Practice.

Signed:..... **Name (Printed):**.....**Date:**.....
(Memorial Mason)

Signed:..... **Name (Printed):**..... **Date:**.....

Signed:..... **Name (Printed):**..... **Date:**.....
(Applicant(s) All grave owners' signatures are required

Approved By: **Date:**
(Town Clerk)

Fee Payable: **Received:** **Ref:**