

APPLICATION TO ERECT/CARRY OUT WORK ON A MEMORIAL

This notice should be completed and delivered to the Cemetery Office. Approval of the application must be given **PRIOR TO WORK COMMENCING**. This form must be signed by the registered owner of the burial/memorial rights.

**EXCLUSIVE RIGHT OF BURIAL GRANT No:** \_\_\_\_\_

**PLOT NO:** \_\_\_\_\_

**EXCLUSIVE RIGHT TO ERECT A MEMORIAL No:** \_\_\_\_\_

Name & Address of Memorial Mason: \_\_\_\_\_  
\_\_\_\_\_

Name & Address of Registered Grave Owner: \_\_\_\_\_  
\_\_\_\_\_

Description of Memorial / Work to be Completed: \_\_\_\_\_  
(An illustration of the exact design or a photograph for the memorial to be erected must be attached to the application)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type and manufacturer of ground anchor (must be compliant with BS8415): \_\_\_\_\_

Type of Stone: \_\_\_\_\_

**Overall Size Of Memorial:**      **Height:** \_\_\_\_\_      **Base Width:** \_\_\_\_\_      **Base Depth:** \_\_\_\_\_

Wording of Inscription: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature & Address of Owner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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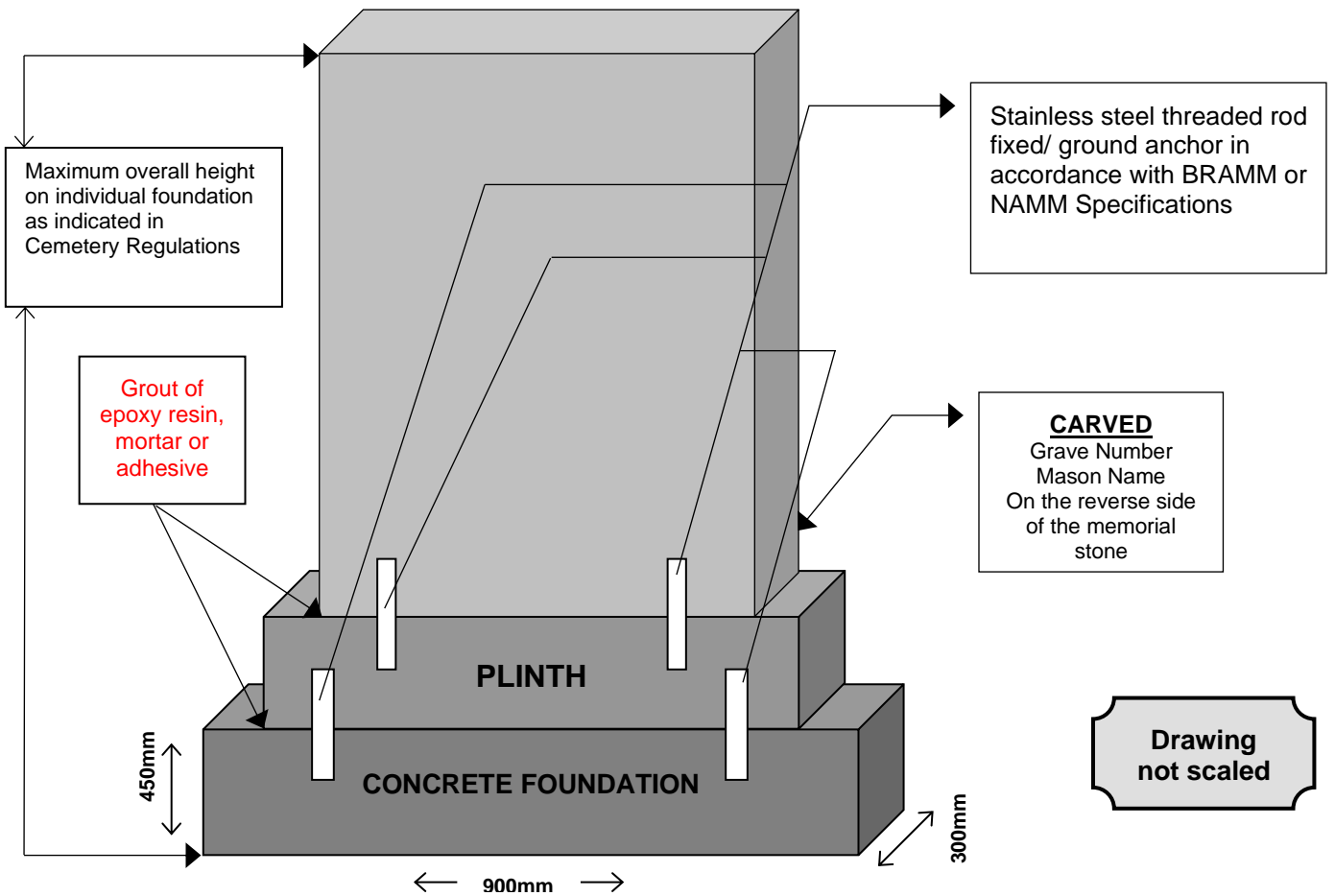
| FOR OFFICE USE ONLY |  |  |   |   |  |
|---------------------|--|--|---|---|--|
| Permit Fee          | £ <input style="width: 80%;" type="text"/> | Certificate Fee                        | £ <input style="width: 80%;" type="text"/>        | Other Charges                               | £ <input style="width: 80%;" type="text"/> |
|                     |  | <b>TOTAL FEE</b>                       |   | £ <input style="width: 80%;" type="text"/>  |  |
| Surcharge: Yes / No |  | Yes / No                               |   |   |  |
| <b>Notice for:</b>  | <input type="checkbox"/> <b>Headstone</b>  | <input type="checkbox"/> <b>Plaque</b> | <input type="checkbox"/> <b>Added Inscription</b> | <input type="checkbox"/> <b>Renovations</b> | <input type="text" value="Other:"/>        |
| Date Received:      | Checked:                                   |  | Folio No:   |   |  |

**A Certificate of Conformity to BS8415 MUST be issued by the mason to the Memorial owner and cemetery office following installation.**

The fixing time shall be during working hours only, unless otherwise requested. Fixing outside of working hours will be by prior arrangement only and may incur an additional cost.  
 It is important that the given date and time are adhered to. Should any mason wish to alter these details, they must inform the Parish Clerk 24 hours prior to the date and time given.

**DAY & DATE OF WORK:** \_\_\_\_\_ **TIME OF WORKING:** \_\_\_\_\_

**Reference Image for Headstone Fixing Details**



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**Please note any changes:**

(use additional sheet if required)

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Send the completed form to:-

Hollesley Parish Clerk, Manor Farm, Hollesley, Woodbridge, Suffolk, IP12 3NB

**Tel:** 01394 411405 or 07739 411927 **Email:** hollesleyparishclerk@gmail.com