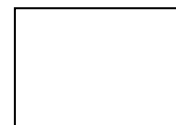




# Windlesham Parish Council

Sara Walker - Clerk to the Council  
The Council Offices, The Avenue, Lightwater, Surrey, GU18 5RG  
Telephone: 01276 471675 Email: [clerk@windleshampc.gov.uk](mailto:clerk@windleshampc.gov.uk)  
Web Site: [www.windleshampc.gov.uk](http://www.windleshampc.gov.uk)



## APPLICATION TO ERECT A MEMORIAL

**Please refer to our Cemetery Regulations when completing this form.**

Date of application:

Cemetery (please state which) :  Windlesham  Lightwater  Bagshot (Memorial Wall Only)

Please indicate which type of Memorial you are applying for.

- New Memorial for a Grave  Additional inscription on an existing Memorial for a Grave  
 New Plaque at the Memorial Wall

Please note: All Memorials relating to a grave are subject to proof of grave ownership and the reverse of this form MUST be completed.

Full name of deceased

Year of death:

Grave Number or Memorial Wall Reference Number (if known):

Inscription:

Indicate design ( photocopy or sketch )

Type of memorial :

Dimensions:

Visible Plinth size (if applicable):

(Masonry firm must add grave number to rear of plinth)

Plaques for the Memorial Wall must be 150mm x 150mm (6" x 6") overall and made of bronze or bronze anodised aluminium.

Kerb sets and edging materials are not permitted, unless at ground level.

Please state the name of the Person/Company making this application and indicate if they are the grave owner/mason or funeral director.

Grave Owner  Mason  Funeral Director  Other

For Grave Plot: Name of Masons erecting the Memorial

Masons declaration: I confirm that the memorial will be erected in accordance with NAMM or BRAMM Recommended Code of Working Practice

Masons Signature:

Memorial Fee £

Enclosed (Fees to be paid upon submission of application form)

Grave Owner(s) or Memorial Plaque Applicant contact details and signature(s): All registered grave owners must sign and print

(Must be original signatures and Grave Owners must supply a copy of passport or driving licence signature for verification):

Name & Address(es) of Grave Owners or Memorial Plaque Applicant:

Telephone:

Email:

I, the grave owner/memorial plaque applicant confirm that I have chosen my stone mason independently and have not been recommended a mason by any employee or member of Windlesham Parish Council

Yes  No

If no, please give some details

Signature

**No memorial may have advertising of any description or photographic material larger than 100mm x 100mm.**

**The Council may accept or refuse any application at its absolute discretion and without explanation. However, considerable scope is normally permitted with the design, material and inscription for memorials.**

**No memorial may be erected until an application has been approved and the appropriate fee has been paid to Windlesham Parish Council. Your attention is drawn to the Cemetery Regulations which are available online and are displayed at each cemetery.**

**Windlesham Parish Council**

Date of receipt:

D.O.G No.

Scanned:

Fee received:

Date of approval :

Date applicant notified :

If you are wishing to make a bank transfer our details are as follows:  
Windlesham Parish Council Sort Code: 20-16-99 Account Number: 30979538