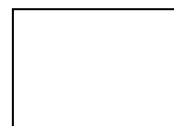




## Windlesham Parish Council

Jo Whitfield – 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)



### PERMIT TO WORK ON A MEMORIAL

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

Date of application:

Cemetery (please state which) : Windlesham Lightwater Bagshot

Please give details of the proposed work.

Please note: Permits are subject to proof of grave ownership and the reverse of this form MUST be completed.

Full name of deceased

Year of death (if known):

Grave Number Number

Type of memorial:

Dimensions:

Visible Plinth size (if applicable):

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

**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

Name of Masons completing the work

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

**Masons Signature:**

**PLEASE COMPLETE THE REVERSE OF THIS FORM**

**Grave Owner(s) signature(s): All registered grave owners must sign and print**  
(Must be original signatures):

**Address(es) of Grave Owners:**

I, the grave owner confirms 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 be erected or any work carried out on it until a permit has been completed and approved. Your attention is drawn to the Cemetery Regulations which are available online and are displayed at each cemetery.***

***Prior to commencement of the work, please notify the Parish Council of the intended dates the work will be undertaken.***

**Windlesham Parish Council**

Date of receipt:                      D.O.G No.

Fee received:

Scanned:

Date of approval :

Date applicant notified :

Signature of Clerk :

