

Windlesham Parish Council

Sara Walker - Clerk to the Council
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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. Please note the approved application will be sent back to the applicant only unless indicated otherwise. 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:

Grave Owner(s) s (Must be original s	ignature(s): <u>All</u> registered ignatures):	grave owners r	must sign and print
Address(es) of Grave Owners:			
	confirms that I have chosen ason by any employee or m		n independently and have not been esham Parish Council
□Yes □No			
If no, please			
give some details			
details			
Signature			
	ention is drawn to the Cemet		permit has been completed and which are available online and are
Prior to commend work will be unde		notify the Pari	sh Council of the intended dates the
Windlesham Parish Council			
Date of receipt:	D.O.G No.		
Fee received:			
Scanned:			
Date of approval :			
Date applicant not			
Signature of Clerk	:		