

Windlesham Parish Council

Jo Whitfield – Clerk to the Council The Council Offices, The Avenue, Lightwater, Surrey, GU18 5RG Telephone: 01276 471675 Email: <u>clerk@windleshampc.gov.uk</u> Web Site: <u>www.windleshampc.gov.uk</u>

APPLICATION TO ERECT A MEMORIAL

Please refer to our Cemetery Regulations when completing this form. Please note that we prefer memorials not to be placed before 12 months from a full interment date. Contact Cemeteries and Allotments coordinator: admin@windleshampc.gov.uk

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 dec	ceased		
Year of death:		Grave Number or Memorial Wall Reference Number (if known):	

Incor		41.0	
Inscr	ıμ	uo	п.

Indicate design (photocopy or sketch)

Type of memorial	:	
Dimensions:	Visible Plinth size (if applicable):	
(Masonry firm mu	st add grave number to rear of plinth)	

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

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

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

		011		
For Grave Plot: Name	e of Masons	uneral Director 🗆	Other 🗆	
recting the Memoria Email and telephone				
lasons declaration: RAMM Recommend			erected in accore	dance with NAMM or
lasons Signature: lease note that all exce	ess spoil and turf m	ust be removed from a	all of our cemeteries	by the Memorial Mason.
lemorial Fee £		BACS (Fees to be parish Council.) Invoice		invoice from Windlesham
Grave Owner(s) or M ignature(s): <u>All</u> regi				
Must be original signa ignature for verification		Owners must suppl	y a copy of passpo	ort or driving licence
ame & Address(es)	of Grave Owner	rs or Memorial Plac	ue Applicant:	
elephone:				
Email:				
, the grave owner/me ndependently and hav Vindlesham Parish Co □Yes □No If no	ve not been recor	mmended a mason b	•	
Signature(s):				
	cription or photog ot or refuse any ap scope is normall rected until an app	pplication at its abso ly permitted with the plication has been ap	lute discretion and design, material ar oproved and the ap	l without explanation. nd inscription for propriate fee has been
paid to Windlesham Pa available online and ar			to the Cemetery Re	guiations which are
Date of receipt:	W	indlesham Parish Co	ouncil Scanned:	
Date fee received:			Fee received:	
Previous interment:			Date applicant not	ified :
Date of approval :			D.O.G No.	

Signature: