

## Windlesham Parish Council

Jo Whitfield – Clerk to the Council

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Web Site: www.windleshampc.gov.uk

## PERMIT TO WORK ON A MEMORIAL

Please refer to our Cemetery Regulations when completing this form.

Contact Cemeteries and Allotments coordinator: admin@windleshampc.gov.uk

Date of application:	
Cemetery (please state which) :	□Windlesham □Lightwater □Bagshot
Please give details of the propos	sed work.
Please note: Permits are subject to completed.	proof of grave ownership and the reverse of this form MUST be
Full name of deceased	
Year of death (if known):	Grave Number:
Type of memorial:	
Dimensions:	Visible Plinth size (if applicable):
(Masonry firm must add grave no	umber to rear of plinth)
Kerb sets and edging materials not permitted in Windlesham Cemetery, unless at ground lev	
Please state the name of the Per the grave owner/mason or funera	rson/Company making this application and indicate if they are all director.
Grave Owner □ Mason □	Funeral Director □
Name and contact details of Mas 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 note that all excess spoil and turf must now be removed from all of our cemeteries by the Memorial Mason.		
Grave Owner(s) signature(s): <u>All</u> registered grave owners must sign and print ( <u>Must be original signatures</u> ):		
Address(es) and contact details (email and telephone number) of Grave Owners:		
I, the grave owner confirms that I have chosen my s recommended a mason by any employee or member		
□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 at least 3 working days prior to the intended dates the work will be undertaken in order that we may check and approve the dates.		
Windlesham Parish Council		
Date of receipt: D.O.G No.		
Fee received:		
Date fee received:		
Previous interment:		
Date of approval :		
Scanned:		

Date applicant notified :

Signature: