

SOUTHBOROUGH TOWN COUNCIL



Tel: (01892) 529176
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Southborough Civic Centre
 Council Offices
 137 London Road
 Southborough
 Kent TN4 0NA

MEMORIAL APPLICATION FORM

MEMORIAL COMPANY APPLICANT AND MEMORIAL MASON DETAILS:

NAME OF MEMORIAL COMPANY:	.....
ADDRESS OF MEMORIAL COMPANY:	..... ..... .....
TELEPHONE NUMBER:	.....
EMAIL ADDRESS:	.....
NAME OF MEMORIAL MASON (If different):	.....
ADDRESS OF MEMORIAL MASON (If different to Memorial Company):	..... ..... .....
TELEPHONE NUMBER:	.....
EMAIL ADDRESS:	.....
Is your business BRAMM accredited? Are your fixers licensed?	YES/NO YES/NO
Name of fixer(s) for this memorial? How long is this memorial guaranteed for regarding safety and stability?	..... .....

MEMORIAL DETAILS: Attached sheet to be completed - Please provide a scale drawing of the proposed memorial/inscription and other details if not space here

IS THIS A NEW MEMORIAL?	YES/NO
IS THIS AN ADDITIONAL INSCRIPTION?	YES/NO
FOUNDATIONS AND FIXINGS SPECIFICATIONS: <ul style="list-style-type: none"> • Include dowelling size/type • Type of foundation/anchor system	..... ..... .....
MEMORIAL DETAILS: <ul style="list-style-type: none"> • Dimensions • Type of material	..... ..... .....

APPLICANT AND GRAVE DETAILS: Deed of Grant must be enclosed

NAME OF DECEASED:	..... ..... .....
GRAVE NUMBER:	Section.....Grave.....
NAME OF APPLICANT:	.....
ADDRESS OF APPLICANT:	..... ..... ..... .....
TELEPHONE NUMBER OF APPLICANT: EMAIL ADDRESS OF APPLICANT:	..... .....

I am the registered owner of the Exclusive Right of Burial in the above numbered grave space and I hereby authorise the works detailed in this application and understand that the Council will accept no responsibility due to repetition of any design of memorial on graves in any ownership in the Cemetery. I also agree to accept the Rules & Regulations for the management of the Cemetery made by Southborough Town Council.

SIGNATURE OF APPLICANT:.....**DATE**.....

FOR OFFICE USE ONLY

PERMIT NO:

PERMIT TO CARRY OUT MEMORIAL WORKS IN SOUTHBOROUGH CEMETERY

PLEASE BOOK IN ALL MEMORIAL WORK WITH THE COUNCIL OFFICES:

MAIN PHONE: 01892 529176 EMAIL: admin@southboroughcouncil.co.uk

NAME AND ADDRESS OF MEMORIAL MASON:

.....
.....

GRANTED PERMISSION TO INSTALL/CARRY OUT WORKS:.....

SECTION:.....**GRAVE:**.....**IN THE NAME (S) OF:**.....

DATE ISSUED:.....**AUTHORISED BY:**.....

MEMORIAL DRAWING (Drawn to a scale of half an inch to one foot):

PROPOSED INSCRIPTION:

ADDITIONAL DETAILS:

Please include any information not already submitted

For Example: Ground Anchor System/Type of Foundation/Dowelling Type & Size