



ABBOTTS ANN PARISH COUNCIL
MEMORIAL APPLICATION

APPLICATION TYPE

New Memorial

Additional Inscription

Replacement

Maintenance

SECTION ONE: TO BE COMPLETED BY THE OWNER(S) OF EXCLUSIVE RIGHT OF BURIAL OF THE GRAVE

I/We, the undersigned, being the person(s) entitled to the Exclusive Right of Burial for grave number [] in Abbots Ann Burial Ground, apply for permission for the work to be carried out as detailed below on the aforementioned grave and in accordance with the Council's Burial Ground Regulations. If required by the Council I will produce the Deed of Grant as evidence of ownership of the Exclusive Right of Burial.

NAME

ADDRESS

**SIGNATURE
AND DATE**

NAME

ADDRESS

**SIGNATURE
AND DATE**

This form must be signed by all registered owners, if applicable.



SECTION TWO: TO BE COMPLETED BY THE CONTRACTOR

I hereby apply to carry out the work as detailed below and in accordance with the Council's Burial Ground Regulations. I confirm that all works will comply with the Burial Ground Regulations.

NAME OF CONTRACTOR

BUSINESS ADDRESS

CONTACT TELEPHONE

BRAMM / NAMM FIXER NO. & EXPIRY

For the fixer undertaking the works.

SIGNATURE AND DATE

DETAILED DRAWING SHOWING DIMENSIONS AND TYPE OF MATERIAL:

PROPOSED COLOUR & MATERIAL

TYPE OF GROUND ANCHOR SYSTEM

FULL NAME OF DECEASED

RESIDENT? (Y/N)

PROPOSED INSCRIPTION(S) OR DETAIL OF OTHER WORK:

Drawings can be submitted on additional sheets.

For Parish Council Office use only:

Plot Number:

Memorial Fee paid: £

Date of Parish Council approval (if required):

Resident: Y / N