

LARGES LANE CEMETERY
Grave Memorial Application Form
Installation, Inscription or Other Work



I (full name)
of

being the only person entitled to the exclusive right of burial in grave space / vault numbered
..... in Larges Lane Cemetery seek permission to carry out work as detailed below:

Signature:..... Date: Mobile No:

Place and maintain a headstone not exceeding one metre in height, including inscription	<input type="checkbox"/>
Place and maintain a vase and plinth OR tablet not exceeding 30cm in height, length or width including inscription	<input type="checkbox"/>
Place flat stone on cremation plot measuring 45cm x 45cm including inscription	<input type="checkbox"/>
Place and maintain an inscription on a memorial	<input type="checkbox"/>
Place and maintain an additional inscription on an existing memorial / flat stone	<input type="checkbox"/>
Other work (please specify)	<input type="checkbox"/>

Bank Details for payment Account Name Bracknell Town Council
Account Number 00033128 Sort Code 30-91-11

**At least 24 hours' notice must be given of the date on which it is intended to carry out the work;
Please ring the Cemetery Manager on 07918 638521**

On the aforementioned grave space / vault I understand that the Exclusive Right of Burial (Grave Deed) may be required as evidence of ownership if necessary.

Please permit of

To carry out work as detailed below.

<p>A detailed drawing showing dimensions and type of material must be given here: (This may be provided overleaf)</p> <p>Materials used:</p> <p>Ground anchor system used</p>	<p>Proposed Inscription(s) or detail of other work: (This may be provided overleaf)</p> <p>Full name of deceased:</p> <p>.....</p>
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I confirm that the above works will be carried out in full accordance with the NAMM Code of Working Practice.

Signature of Memorial Mason: Date:

Permission is hereby granted for the above works, subject to the conditions now in force governing the erection of memorials/engraving of inscriptions in cemeteries. At least 24 hours notice must be given of the date on which it is intended to carry out the work and all works must be carried out to the satisfaction of the Authorised Officer. This permit is valid for a period of two calendar months from the date of issue.

Size of Memorial Checked: : Signature..... . Date.....

Ownership of grave checked: Signature..... Date.....

Proposed Inscription Approved: Signature..... Date.....

Receipt number: Amount paid: Date.....

Signature of Authorising Officer: : Date.....

**THIS APPLICATION MUST BE COMPLETED IN FULL & FORWARDED WITH PAYMENT TO BRACKNELL TOWN COUNCIL,
BROOKE HOUSE, 54 HIGH STREET, BRACKNELL BERKSHIRE RG12 1LL TEL: 01344 420079**

A detailed drawing showing dimensions and type of material must be given here:

Proposed Inscription(s) or detail of other work: