

APPLICATION TO ERECT MEMORIAL- DEVIZES CEMETERY

1. NAME OF DECEASED.....

2. NAME OF CURRENT OWNER OF GRAVE SPACE.....

.....

3. ADDRESS OF CURRENT OWNER.....

.....

4. SIGNATURE OF APPLICANT (OWNER OF GRAVESPACE)

.....

DATE.....

5. DESCRIPTION OF MEMORIAL:

*HEADSTONE / CREMATION TABLET / VASE / ADDITIONAL INSCRIPTION

* Delete as necessary

OTHER.....

MATERIAL TO BE USED.....

PHOTO PLAQUE.....YES / NO

6. EXISTING MEMORIAL.....YES / NO

7. INSCRIPTION/ ADDITIONAL INSCRIPTION.....

.....

.....

.....

.....

.....

8. GRAVE NUMBER: SECTION..... NO.....

9. DESIGN OF MEMORIAL WITH SIZES:
(use freehand sketch or attach picture)

10. TYPE OF 'NAMM APPROVED' FIXING USED.....

11. NAME OF MASON.....

ADDRESS.....

.....

TELEPHONE NUMBER.....

12. SIGNATURE OF MASON.....

by countersigning signing this application the mason agrees to guarantee the stability of the monument for at least five years from the date of installation (with the exception of malicious damage, severe storm damage or ground subsidence)

note: without the countersignature the authority to proceed will not be given. This includes the re-installation of monuments that have had additional inscriptions incorporated. All monuments will be stability tested after 30 days of the installation and five yearly there after.

OFFICE USE ONLY

FEE REQUESTED £..... VAT INVOICE NO..... DATE.....

FEE RECEIVED..... RECEIPT NO.....

AUTHORITY TO PROCEED
PASSED TO CEMETERY SUPERVISOR

MEMORIAL INSTALLED.....

DATE OF INITIAL STABILITY TEST

(not before 30 days after installation)

SIGNATURE OF CEMETERY SUPERVISOR