# STILTON PARISH COUNCIL

## Application for Memorial

### 1. Deceased's Details

Full Name: _____

Date of Death: _____ Grave Number (if known): _____

### 2. Applicant's Details

Full Name: _____

Address: _____

Telephone: _____ Email: _____

Relationship to Deceased: _____

### 3. Memorial Details

Type of Memorial:
- [ ] Headstone
- [ ] Additional inscription
- [ ] Plaque
- [ ] Other: _____

Material: _____

Dimensions:

Height: _____

Width: _____

Depth: _____

Inscription:

_____

## 4. Memorial Mason Details

Company Name: _____

Address: _____

Telephone: _____ Email: _____

BRAMM Registration Number: _____

## 5. Declaration

I hereby apply for permission to erect/modify the memorial described above. I confirm that the information provided is accurate and that I have read and agree to abide by Stilton Parish Council's Burial Rules and Regulations.

Applicant's Signature: _____

Date: _____

Please submit this completed form along with any required documentation and fees to the Parish Council Clerk. Approval must be obtained before any work commences.

For further information or assistance, please contact:

Clerk:
Email: clerk@stiltonparishcouncil.gov.uk
Phone: 01733 639106