



APPLICATION FOR MEMORIAL WORKS

The completed form should be sent to the Cemeteries Manager, St Albans City & District Council, Hatfield Road Cemetery, St Albans, Herts. AL1 4LU Tel/fax: 01727 819362

Please ensure that all details are completed in block capitals, giving a minimum of 7 days notice before permission is required. Cheques to be made payable to St Albans City & District Council

I..... being the owner of the Exclusive Right of Burial to Grave Number:.....at.....Cemetery do hereby give my permission to.....
.....(Name & address of memorial mason)
to carry out memorial works on the above grave, the details of which are shown below.

Name of Deceased

Signature of Grave OwnerDate

Address of Grave Owner

DIAGRAM OF MEMORIAL, DIMENSIONS, FULL INSCRIPTION, FIXING METHODS (PLEASE NOTE ALL MEMORIALS MUST BE FIXED ACCORDING TO THE NAMM CODE OF WORKING PRACTICE INCLUDING THOSE MEMORIALS REMOVED FOR REPAIR OR AN ADDITIONAL INSCRIPTION):
Description of Work: NEW/ REPLACEMENT/ADDITIONAL INSCRIPTION/REFURBISHMENT

Guarantee period.....Approximate date memorial to be fixed.....

NB Please refer to the St Albans City & District Council's Cemetery Regulations for full details of regulations relating to memorials. Any incomplete or incorrect application will be returned for amendment. Work cannot be carried out until a permit has been issued. A member of staff will check all memorials.

FOR OFFICE USE ONLY APPROVED / NOT APPROVED / RETURNED FOR AMENDMENT

Grave No Fee Paid £..... Receipt No. Date

Burial No Grant No Permit No

Checked By Date

Comments.....