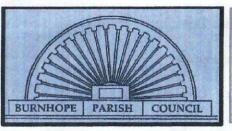
Additional Notes

- Every headstone or memorial erected over a grave space should bear the number of that grave space inscribed in letters 19.05mm (3/4") in height on the side or back of the headstone.
- All memorials must be of a material approved by the Council i.e. Natural granite, marble, or other material as may be approved by the Council. Metal and plastic are not suitable materials for use in memorials or decorative surrounds.
- All memorials must be installed to the most recent NAMM standards. All graves must be marked, prior to installation, by the Council.
- A minimum period of 6 months must be allowed after the interment date before a memorial is erected, due to grave settlement.
- 5. In order to comply with Health and Safety requirements, the Council will inspect memorials for stability on a regular basis. Any memorials found to be unstable will be temporarily made safe by the most suitable means, reinstatement being the responsibility of the deed holder.
- Kerb surrounds are only permitted in cemeteries (or parts of) where there has been a tradition of their use. Please check before taking an order.
- The details of the grave and appropriate fee can be obtained by calling the number on the front of the from, failure to provide the correct details will result in the application form being returned.

FOR OFFICE USE ONLY

Date Received	Fee Receipt No
Approved	Date
Examined	Date



CONTACT: Susan Gettings TELE: email. clerkebunhope-pcgovous.

Memorial Application

This form must be completed IN FULL and submitted to the above office, along with the appropriate fee (if any doubt about fees payable ring Bereavement Services)

No work shall commence until the application is approved.

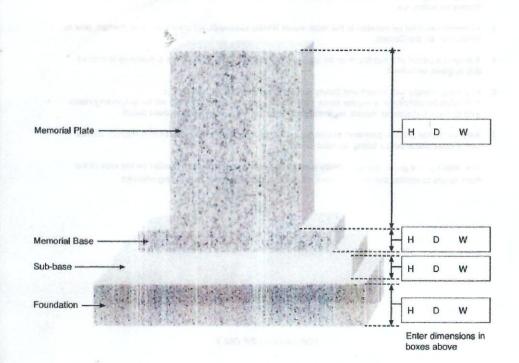
PLEASE PRINT ALL INFORMATION

CEMETERY SECTIO	N	GRAVE No	
Deed number Date of p	ourchase of exclusive	rights	
TO BE COMPLETED BY DEED HOLDER In accordance with the Council information and work. I agree to have any memorial examiner note 5 on back page). I understand that this subsequent burials.	d for safety purposes	on a basis determined to be removed from the	by the Council (see
Name			
Address			
Signed	Date	***************************************	***************************************
TO BE COMPLETED BY MONUMENTAL MAS I/We agree to comply with the Councils informs workmanship to be free from major defect for a	ation and regulations period of yea	regarding memorials. I/N ars. (minimum 10 years).	-
Address			
Tel No	e-mail	MAZI and a company	
Signed	Date		
I sign above to confirm that the works will be car	F	Fixer number	
Company registration number	E	BRAMM	***************************************
(please insert one of the following)	F	RQMF	
BRAMM registration number		2&G	
NAMM registration number		IVQ	

Memorial Details Please tick options Headstone Re-Position Replacement Add Inscription Kerbset Refix to NAMM Clean/Renovate Proposed Inscription Additional Information (Method of installation, materials, colour of stone, fixing practices, size of dowels to be used etc.) Name of Ground Anchor System used: Nettlebank EZY Fix **NAMM Solid** Nettlebank LOK-DOWN **Blastshop System** CCA S/S Threaded **Poured Concrete**

Memorial Details (continued)

All dimensions are in inches/millimetres (delete as appropriate)



Please indicate the position of stainless steel fixing dowels and the ground level on the diagram above

1 Composition of	Composition of Sand	d: %		
	Cemen	t: %		
	Aggregate	9: %		
2	Kerbs or Borders Diagram must be provided including dimensions			

Any other details should be attached on a separate sheet.