## Dethick, Lea and Holloway Parish Council MEMORIAL APPLICATION FORM – HOLLOWAY CEMETERY

Name of Memorial Mason	
BRAMM registration No	
Mason Address	
	Mason Ref:
Name of deceased	
Grave No./GM No	
Name of next of kin/applicant	
Address of applicant	
Description of new memorial/or work on existing me Clerk before work commences. Please include sketch of new memorial – either atta memorial (height/width), base and foundation (width inscription detail and text colour. (See Regulations)	ched or overleaf and give measurements of
Type of stone	
All memorials must be erected to conform to the cur practice.	rent BRAMM / NAMM recommended codes of
Fee enclosed£	
Any memorial must not be erected or additional insoby the Clerk of the Council.	riptions added until written permission is given
All memorials must be fitted with a small plaque no loof the memorial low down to the ground with the nar	•
The Parish Council will conduct safety inspections of carried out in line with regulations in force at that times.	
I declare that the memorial will be installed as indica details on the application form will be permitted. I shall provide a guarantee for the memorial for a 30	• •
Signature of Mason	Date