

Crowborough Town Council

Application to Erect, Alter or Repair a Memorial

cemeteries@crowboroughtowncouncil.gov.uk

This application is made subject to the Cemetery Regulations of Crowborough Town Council and must be delivered to Crowborough Town Council, Town Hall, The Broadway, Crowborough, East Sussex, TN6 1DA and a permit obtained **before** any works may be carried out.

Personal Information	
Full name of deceased (including title)	
Address of deceased	
Was the deceased a parishioner?	YES/NO

Grave Space Details	
Exclusive Right of Burial Deed number	
Grave space number	

Stonemason's Information	
All installations must be constructed and installed in line with the current National Association of Memorial Masons (NAMM) or British Register of Accredited Memorial Masons (BRAMM) recommendations.	
Name of Stonemason/s	
Address of Stonemason/s	
Signature:	Date:
Printed Name	
Position held	

Memorial Information

Please attach any further details or drawings to this application.

Material to used

Main Cemetery

Please indicate below which type of memorial work you wish to undertake:

Headstone		Height:	Width:
Flat Stone		Height:	Width:
Tablet		Height:	Width:
Kerbing		Length:	Width:
Vase			
Additional Inscription			

Inscription to read:

Old Garden of Remembrance

Please indicate below which type of memorial work you wish to undertake:

Single Stone Tablet		To be 25cm x 15cm x 2cm
Double Stone Tablet		To be 25cm x 33cm x 2cm
Additional Inscription		

Inscription to read:

New Garden of Remembrance (Hedgerow or Flowerbed)

Please indicate below which type of memorial work you wish to undertake:

Single Bronze Plaque		To be 14.5cm x 9cm
Double Bronze Plaque		To be 20cm x 9cm
Additional Inscription		

Inscription to read:

Authorisation

All registered owners of the burial plot must sign this application. If the owner of the burial plot is deceased, the ownership must be transferred before this application can be approved.

I/We hereby authorise this application and the execution of the work on grave number of which I/We am/are the registered owner/s of the Exclusive Right of Burial.

Title	
Forenames and Surname in FULL	
Telephone number	
Email address	
Address (including postcode)	

Signature:

Date:

Title	
Forenames and Surname in FULL	
Telephone number	
Email address	
Address (including postcode)	

Signature:

Date:

How the information you provide will be used

General Data Protection Regulations – Any personal information such as name, postal address, telephone number and email address given via this website/form will only be used to provide a requested service, kept for as long as necessary to provide that service and will not be disclosed to any other third party other than as described in our privacy notice, with your prior permission or if we are required to do so by law.