


<p style="text-align: center;">OFFICE USE</p> 	EROB Deed		Parishioner OR Non-parishioner	
	Grave Space Reference		Memorial Permit Fee	
	Type of Memorial/s Requested		Date Invoiced	
	Stonemason		Date Paid	

Crowborough Town Council

HERNE ROAD CEMETERY, CROWBOROUGH

APPLICATION TO ERECT, ALTER OR REPAIR A MEMORIAL

MAIN CEMETERY &

GARDEN OF REMEMBRANCE HEDGEROW, FLOWERBED & WALL

This application is made subject to the Cemetery Regulations of Crowborough Town Council and must be delivered to Crowborough Town Council, Council Offices, Pine Grove, Crowborough, East Sussex, TN6 1DH and a memorial permit obtained **before** any works may be carried out.

Grave Space Details & Exclusive Right of Burial deed holder/s	
Grave space reference	
Exclusive Right of Burial Deed number	
Exclusive Right of Burial Deed holder/s	1.
	2.
	3.
	4.

Stonemason Details	
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	
Address of Stonemason	
Email address	
Telephone number	
Contact name	
Position held	
Signature of Stonemason:	Date:

Personal Information of the Deceased

Full name of deceased					
Permanent address of deceased at time of death					
Was the deceased a parishioner?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	(Refer to Parishioner Guidelines below)
<i>Parishioner Guidelines: In determining whether fees will be chargeable at the Parishioner or Non-Parishioner rate, the last permanent address of the deceased will be used. If a resident of Crowborough has been accommodated in a residential care/nursing home outside the town, the Parishioner rate will apply so long as the deceased has lived in the residential care/nursing home for no more than five years and has previously lived within the parish of Crowborough for at least five years.</i>					

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	<input type="checkbox"/>	Height:	<input type="text"/>	Width:	<input type="text"/>
Flat Stone	<input type="checkbox"/>	Height:	<input type="text"/>	Width:	<input type="text"/>
Tablet	<input type="checkbox"/>	Height:	<input type="text"/>	Width:	<input type="text"/>
Kerbing	<input type="checkbox"/>	Length:	<input type="text"/>	Width:	<input type="text"/>
Vase	<input type="checkbox"/>				
Additional Inscription	<input type="checkbox"/>				

Inscription to read:

New Garden of Remembrance Wall

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

Single Stone Tablet	<input type="checkbox"/>	To be 25cm x 15cm x 2cm
Double Stone Tablet	<input type="checkbox"/>	To be 25cm x 33cm x 2cm
Additional Inscription	<input type="checkbox"/>	

Inscription to read:

Memorial Information - continued**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:

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Declaration to be completed by the Exclusive Right of Burial (EROB) deed holder/s.

As the EROB holder, I consent to this memorial. I declare that I have read, understood and agree to comply with the Cemetery Regulations relating to Herne Road Cemetery, Crowborough. I am aware that no form of memorial other than that prescribed under the Council's Cemetery Regulations will be allowed to be placed on the grave. I also acknowledge that any unauthorised item/s will be removed from the grave space.

Forenames & Surname	
Address (including postcode)	
Telephone/mobile number	
Email address	
Signature of EROB holder:	Date:

As the EROB holder, I consent to this interment. I declare that I have read, understood and agree to comply with the Cemetery Regulations relating to Herne Road Cemetery, Crowborough. I am aware that no form of memorial other than that prescribed under the Council's Cemetery Regulations will be allowed to be placed on the grave. I also acknowledge that any unauthorised item/s will be removed from the grave space.

Forenames & Surname	
Address (including postcode)	
Telephone/mobile number	
Email address	
Signature of EROB holder:	Date:

continued overleaf

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Address (including postcode)		
Telephone/mobile number		
Email address		
Signature of EROB holder:		Date:

General Data Protection Regulations

All data contained and submitted in this form will be processed in line with our Privacy Notice. You can read our Privacy Notice on our website: <https://www.crowboroughtowncouncil.gov.uk/privacy-notice/>
A paper copy is available on request from the Cemeteries Officer.