

APPLICATION FOR APPROVAL OF MONUMENTAL WORK

Name and address of Monumental Mason: _____

Cemetery: _____ NAAMM/BRAMM number: _____

Grave number: _____ Deceased's name: _____

Description of work (e.g. new memorial, renovation, additional inscription):

Design of the proposed memorial (please sketch or attach and show dimensions):

Material: _____

Overall sizes: _____

Headstone: _____

Base: _____

Kerbs: _____

Foundation: _____

Fixing method: _____

Chippings/soil/slab: _____

Existing Inscription:

Proposed inscription or description of other work:

I hereby certify I am the legal grave owner and authorise _____ (stone mason) to carry out the work outlined above at my request in accordance with the cemetery regulations.

Grave owner name: _____ Signature: _____

Address: _____ Date: _____

_____ Fees enclosed: _____

If the owner is deceased, please contact the office to arrange a transfer of ownership.

The permit will only come into force 9 months after the last interment and will be valid for 18 months from date of issue

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