

CITY OF ELY COUNCIL, SESSIONS HOUSE, LYNN ROAD, ELY, CAMBS, CB7 4EG
TEL: 01353 661016 Email: cityofelycouncil@tiscali.co.uk

APPLICATION FOR A PERMIT TO ERECT A MEMORIAL OR PLACE AN
ADDITIONAL INSCRIPTION

DETAILS OF OWNER(S) OF DEED OF GRANT TO EXCLUSIVE RIGHT

*If the owner of the Exclusive Right to Burial is deceased the deed must be transferred prior to the application being submitted. Please contact the council for further information.
If there is more than two owners of the Deed, please request a continuation sheet.*

Name_____	Name_____
Address_____	Address_____
_____	_____
Tel No_____	Tel No_____
Grave No_____	Grave No_____
Section_____	Section_____
Grant Reference No._____	Grant Reference No._____
I give permission for a memorial / additional inscription to be added to the above grave.	I give permission for a memorial / additional inscription to be added to the above grave
_____	_____
Signature	Signature

DETAIL OF INTERMENTS

<i>First interment</i>	<i>Second interment</i>
Name	Name
Address	Address
Date of interment	Date of interment

DETAILS OF MEMORIAL MASON

Name_____
Address_____
Tel No_____
BRAMM / NAMM Business Registration Number_____
BRAMM / NAMM Fixers Registration Number_____
Name of Fixer_____

DETAILS OF MEMORIAL

Is the memorial to be removed for cleaning YES NO

If YES the memorial must be returned and re installed with the appropriate fixing

Description of Memorial *(Note: the maximum size of memorial allowed on plots within the ashes section is 2ft in height and 1 foot in width. Vases must be incorporated within the headstone. In the Garden of Remembrance section only desk top style memorials are permitted. Please refer to the Council's Memorial policy and fee form for further information)*

Is this application for an additional inscription YES NO

if yes please continue to details of inscription

Material to be used _____

Colour _____

Memorial Dimensions:

Headstone Height _____ Width _____

Vase Height _____ Width _____

Desk top memorial Height _____ Width _____

Design: Attach a photo or sketched design



Details of inscription: (BLOCK CAPITALS)

Is Gantry Lifting Equipment required (fee payable):- Yes No

I / we understand that no permit can be erected or re-erected nor workman allowed in the Cemetery until the necessary permit has been issued by the Council.

I / we can confirm that the fixing to be used is in accordance with the Council's Memorial policy. I enclose the appropriate fee.

Approval or refusal will be sent to the stonemason

Signature of Memorial Mason _____

Date _____