

CITY OF ELY COUNCIL, SESSIONS HOUSE, LYNN ROAD, ELY, CB7 4EG
 TEL: 01353 661016 Email: elycemetery@cityofelycouncil.org.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 have been given a copy of the Rules of the Cemetery and will adhere to these. I have completed the Purchase of Exclusive Rights Privacy Notice.	I give permission for a memorial / additional inscription to be added to the above grave I have been given a copy of the Rules of the Cemetery and will adhere to these. I have completed the Purchase of Exclusive Rights Privacy Notice.
_____ 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 _____

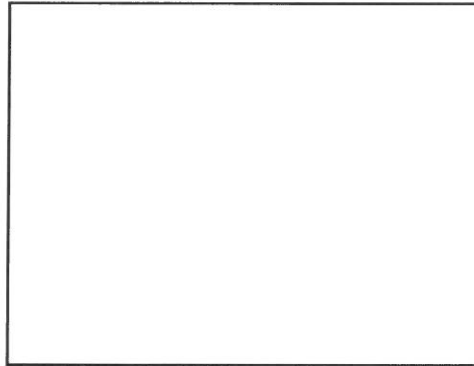
Memorial Dimensions:

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 _____



**CITY OF ELY COUNCIL
COUNCIL CHAMBERS
SESSIONS HOUSE
LYNN ROAD
ELY
CAMBS CB7 4EG
Telephone 01353 661016
Fax 01353 667057**

Email: info@cityofelycouncil.org.uk
Website: www.cityofelycouncil.org.uk

Purchase of Exclusive Rights Privacy Notice

When you purchase the Exclusive Right to a single or joint cemetery plot, the information you provide (personal information such as name, address, email address, phone number) will be processed and stored so that it is possible to contact you and to respond to your correspondence, provide information, send invoices and receipts relating to your burial plot/s. (Your personal information will not be shared with any third party without your prior consent.)

I agree that I have read and understand The City of Ely Council's Privacy Notice. I agree by signing below that the Council may process my personal information for providing information and corresponding with me. The City of Ely Council's Privacy Notice can be viewed on the Council's website www.cityofelycouncil.org.uk. If you do not have access to the website, please call us on 01353 661016 and we can send you a copy.

I agree that the City of Ely Council can keep my contact information data for an undisclosed time or until I request its removal.

I have the right to request modification on the information that you keep on record.

I have the right to withdraw my consent and request that my details are removed from your database.

Name	
Date of Birth if under 18	
Parental/Guardian consent for any data processing activity	
Address	
Telephone No.	
Email Address	
Signature	
Date	