Memorial Application

NAME OF CHURCHYARD / CEMETERY Queniborough

Name of applicant:				
Address				
Telephone number:			Email Address	
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THE DECEASED:		1		
Full Name(s)				
Date of Death				
Relationship to the Applicant				
MEMORIAL MASON / FUNER		ror		
Address				
Telephone number:			Order Number:	
NEW MEMORIAL				
MEMORIAL:				
Material			Size	
Colour			Surface finish	
Details of carving			Surface ministr	
and/or decoration				
Other information:				
Proposed wording:				
Style of lettering:				
DRAWING OF PROPOSED MEMORIAL: see attached				
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1. I apply to the incumbent for permission to introduce, the memorial described above, and I undertake that, if permission is granted by the incumbent, the memorial will be erected in exact conformity with				
that description.				
2. I undertake to pay the statutory fee £ 65 .00				
3. I further undertake to indemnify the Incumbent against all costs and expenses to which he may be put in respect of any deviation from this undertaking				
4. I do not object to the memorial mason's name being incised upon the memorial (provided such an				
incision meets the requirements of the Churchyard Regulations as set out in the leaflet)				
Date Signed	Print			
Dated and signed by the applicant				
Date Signed	••			
Dated and signed by the memorial mason				
TO BE COMPLETED BY THE INCUMBENT				
The incumbent authorises the introduction into the churchyard of the memorial described above.				
Date Signed Dated and signed by the Incumbent				
Dated and signed by the Incumbent				
One copy to be sent to the mason. The second copy to be retained for PCC records.				