



BISHOP'S STORTFORD TOWN COUNCIL CEMETERY
APPLICATION FOR PERMISSION TO ERECT A MEMORIAL AND INSCRIPTION

**The Chief Executive
Bishop's Stortford Town Council
The Old Monastery
Windhill Bishops Stortford
Herts CM23 3ND**

Website: www.bishopsstortford.gov.uk

E-mail: enquiries@bishopsstortfordtc.gov.uk

Telephone No: 01279 712148 or Switchboard 01279 715000

Date: _____

I hereby make an application to execute the following work, **subject to the Current Regulations of the Cemetery** upon the grave of:

Full Name of Deceased

New Cemetery	Old Cemetery	Memorial Gardens	Letter Row	Column	Number

Details of Work Required

Material to be used			Polished/Unpolished
Dimensions	Height	Width	Thickness
Is Fixing by underground anchor system required (Required by Cemetery regulations for new headstones 24" tall and above)			Yes / No
Lettering Style			
Inscription to Read and please attach Photo / Picture of Memorial			

Name and Address (Including Post Code) of <u>Registered Owner of Grave</u> . If not the registered owner Application to Transfer Exclusive Rights of Burial must be completed.	
I confirm I have received a copy of the Cemetery and Memorial Gardens Regulations, currently in force, and I agree to abide by these regulations. Signature of <u>Registered Owner</u> _____ Date: _____	Fee _____

Stonemason

Memorial Masons must not rely solely on grave numbering or tributes to identify graves as can sadly be displaced. Fixed permanent features, for examples adjacent headstones, must be used as a reference. If there is any doubt or ambiguity as to the correct location of the grave please contact the Cemetery Manager on 01279 712144 or 07463 798165, the Cemetery Administrator on 01279 712148 or Bishop's Stortford Town Council on 01279 715000

I agree to abide by these conditions.

Stonemasons Name: _____

Signature: _____

Address: _____

Date: _____ Approx date of work: _____

Type of work	Fee
1. Erection of Memorial	
2. Additional inscription on Memorial / Vase	
3. Total	

Payment Methods

On Account : Yes / No

BACs: Date: _____ (Sort Code: 30 90 84 Account No: 00105598)

Cheque: No. _____ (Made payable to BSTC)

The proposed work to be as described overleaf has my approval and the applicant is the Registered owner of ERB no. _____

Signed: _____ Date: _____

**Bishop's Stortford Town Council The Old Monastery Windhill
Bishops Stortford Herts CM23 2ND**

**Please return form to Bishop's Stortford Town Council on completion of work.
The Old Monastery, Windhill Bishops Stortford, Herts CM23 3ND.**

New Cemetery	Old Cemetery	Memorial Gardens	Letter	Section	Number

	Date of completed work / headstone restored to grave.
1. Erection of Memorial	
2. Additional inscription on Memorial / Vase	