

Account N° _____
Fees £ _____
Reservation _____

SWANAGE TOWN COUNCIL

Application to place a **MEMORIAL** in the **GODLINGSTON CEMETERY**

1. Name of deceased _____
2. Letter and Number of Grave Space _____
3. Last residence, stating Parish and County _____

4. Place of Death _____
5. Description of proposed Memorial and material to be used _____

Name and address of person on whose behalf application is made

Signature of Monumental Mason _____

Address _____

_____ Date _____

Approved by _____ Town Clerk Date _____

N.B. This application, duly completed, must be sent to the Town Hall. Work cannot commence, or workmen allowed in the Cemetery, until the subjoint permit is handed to the Cemetery attendant.

SWANAGE TOWN COUNCIL - GODLINGSTON CEMETERY

No. of Grave Space _____ Date _____

To _____

I hereby inform you that the _____ for the above grave, as shown in your application may now be proceeded with.

_____ Town Clerk

Permit must be given up at the Cemetery before the start of work

DESCRIPTION OF PROPOSED MEMORIAL AND METHOD OF FIXING

(To the scale of one inch to the foot and stating material and dimensions)

PROPOSED INSCRIPTION

Note: The Grave No and the Mason's name must be inscribed on the memorial in letters not exceeding ½" unlead block letters.

Please do not write below this line
