

SILEBY PARISH COUNCIL

41 High Street
Sileby
Loughborough
Leicestershire
LE12 7RX



Mrs R Richardson
Clerk

MEMORIAL PERMIT APPLICATION - SILEBY CEMETERY

Name of Deceased	
Date of Death	
Grave / Section Number	
Please sketch the planned Memorial design, giving its dimensions and materials	
Proposed inscription	
Name and address of Monumental Mason	
Telephone Number	

The applicant hereby agrees:

That they are the owner of the monument or gravestone and if a Grave Owner is deceased that the Burial Rights must be re-registered before new memorial works will be approved (proof of ownership to be enclosed)

The Parish Council respectfully request the following must be observed:

Memorials **must not** be placed until full payment has been made.

At least 24 hours notice of your attendance at the Cemetery **must** be notified to the Parish Council

All memorials **must** be installed to NAMMS guidelines and evidence of the fitter's registration certificate provided prior to work being undertaken.

All spoils must be removed from site following installation.

Signature of Applicant:..... Date:.....

PRINT NAME:.....

Address:.....

.....

Telephone No:.....



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