



Gillingham Town Council

Town Hall, School Road, Gillingham, Dorset SP8 4QR
Telephone: 01747 823588 Email: GTC@gillinghamdorset-tc.gov.uk

APPLICATION TO ERECT A MEMORIAL

Please submit two copies of the completed application form to the address at the top of this page.

All Memorials will be included in our Memorial Safety Testing Programme

NAME OF DECEASED			
GRAVE NUMBER			
EXCLUSIVE RIGHT OF BURIAL NUMBER Memorials are only permitted on graves where the exclusive right of burial has been purchased			
APPROVAL OF NEXT OF KIN I confirm that I have read and agree to abide by the Gillingham Cemetery Regulations. I understand that it is my responsibility to maintain the memorial in good repair and ensure that the Town Council is advised of any changes to my contact details. SIGNATURE:		Name: Address: Relationship to Deceased:	
NAME & ADDRESS OF APPLICANT (if different to Next of Kin details) I confirm that I have read and agree to abide by the Gillingham Cemetery Regulations. I understand that it is my responsibility to maintain the memorial in good repair and ensure that the Town Council is advised of any changes to my contact details. SIGNATURE:		Name: Address: Relationship to Deceased:	
DESCRIPTION OF MEMORIAL MATERIAL OR FOR ADDITIONAL INSCRIPTION DETAILS OF EXISTING MEMORIAL			
SIZE	HEIGHT	WIDTH	DEPTH
NAME & ADDRESS OF MEMORIAL MASON I confirm that the memorial will be installed in accordance with the current BRAMM guidelines (Blue Book) and that the Town Council will be given advance notification of the date of installation. Note: Gillingham Town Council reserves the right to be in attendance and monitor installation SIGNATURE:		Name: Address:	



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ILLUSTRATION

PROPOSED INSCRIPTION

FEE PAYABLE TO GILLINGHAM TOWN COUNCIL
(prior to erection of memorial)

£

DESIGN & INSCRIPTION APPROVED BY TOWN CLERK
*In approving this memorial application, the Town Council does not
take any responsibility for loss, damage or theft to memorials.*

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OFFICE USE

Receipt No: Date: Computer Update:

Copy to Grounds Manager: