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APPLICATION FOR MEMORIAL

This application should be completed and delivered to the Clerk to the Parish Council at the address given prior to any memorial works being started. Please read the Regulations for the Swallow Lane Burial Ground in respect to memorials before making your application.

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DECEASED 2 DETAILS	
Full name of Deceased	Grave Number
GRAVE OWNER'S DETAILS (If more than one o	wner then BOTH must sign this form)
Owner 1	Owner 2
Address	Address
Date	Date
Signature	Signature
Is the Mason making the application also the I	Mason fixing the headstone YES / NO (delete as applicable) Mason erecting memorial (if different)
Address	Address
Telephone	Telephone
Email Address	Email Address
Date	Date
Signature	Signature
For office use only	
Approved by	Correct Fee of £100 Received – YES / NO
Name:	Signature
Clerk and RFO for Stoke Mandeville Par	ish Council
Date:	

Note – Photocopy / Scan this page for return to funeral directors.

Size of headstone	Fixing method
Height:	Headstone to Base:
Width:	Type of ground anchor:
Depth:	
Size of Base	Size of tablet / stone
Height:	Height: No more than 2 inches
Width:	Width: No more than 14 inches
Depth:	Depth: No more than 12 inches
Details of Memoria.	
Materials	
Inscription:	
Please provide a sketch or photo of the memorial with	your application.
	ry Regulations. A copy is attached to this application form, its Cemetery annually and an up-to-date copy is available on
I/We have read, accept, and fully understand the Regular appropriate fee of £100.	tions for Swallow Lane Burial Ground and enclose the
Signed by Owner(s)	Date
Please return this notice, with the appropriate payment	to:
Clerk to Stoke Mandeville Parish Council	
Community Centre Eskdale Road	
Stoke Mandeville	

Phone: 01296 613888 email: clerk@stokemandeville-pc.gov.uk

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