



WINCANTON TOWN COUNCIL

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Grave Memorial Permit (Installation, Inscription or Other Work)

I (full name)

of

being the only person entitled to the exclusive right of burial in grave space/vault numbered in section

Wincanton Cemetery to carry out work as detailed below.

Signature:..... Date:

Place and maintain a memorial

Place and maintain a vase and plinth

*tick as applicable

Place and maintain an inscription on a memorial

Place and maintain an additional inscription on a memorial

Other work

On the aforementioned grave space/vault. I understand that the Exclusive Right of Burial (Grave Deed) will be required as evidence of ownership if necessary.

To carry out work as detailed below.

<p>A detailed drawing showing dimensions and type of material must be given here:</p>	<p>Proposed Inscription(s) or detail of other work:</p>
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<p>Materials used:</p> <p>.....</p> <p>Ground anchor system used</p> <p>.....</p>	<p>Full name of deceased:</p> <p>.....</p> <p>.....</p>
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I confirm that the above works will be carried out in full accordance with the current versions of the NAMM Code of Working Practice and BS8415 and that the grave number will be engraved on all stone/tablet

Name and Address of Memorial Mason>

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Contact Telephone Number

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Signature of Memorial Mason: **Date:**

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