

ELLISFIELD PARISH COUNCIL
clerk@ellisfield.gov.uk

**APPLICATION FOR PERMISSION TO ERECT A HEADSTONE IN THE BURIAL GROUND OF
ELLISFIELD PARISH COUNCIL**

Application No _____

Mason's name
and address _____

Full name of
the Deceased _____

Name and
address of
Applicant _____

Telephone No _____

Email address _____

Plot Number _____

Date of Burial _____

Brief
description of
memorial in
accordance
with
drawing/photo
supplied _____

Inscription _____

Fee enclosed YES/NO Amount _____ *if No please state why*

I have read and understood the Burial Ground Rules and Regulations for Ellisfield Parish Councils Burial Ground, agree to adhere to them and notify the Parish Council if my contact details change.

Signature _____

Relationship to the deceased _____

FOR PARISH COUNCIL USE ONLY

Date payment received_____

Memorial No_____

Permission Granted YES/NO

Please Note:

Full measurements and a drawing must be supplied
This form must be signed by the applicant and not the funeral director.
Placements can only be arranged via the Parish Council Clerk