

# Black Country Authorities Memorial Permit Application Form

Permit No.

- Dudley - 01384 814011                      e-mail: bereavementsvcs.due@dudley.gov.uk
- Sandwell - 0121 569 6700                      e-mail: bereavement\_services@sandwell.gov.uk
- Walsall - 0300 555 2848                      e-mail: bereavementservices\_memorials@walsall.gov.uk
- Wolverhampton - 01902 554997                      e-mail: bereavement.services@wolverhampton.gov.uk

Cemetery \_\_\_\_\_ Grave No. \_\_\_\_\_ Grant No. \_\_\_\_\_

On the grave of the late \_\_\_\_\_

Company Name \_\_\_\_\_ Tel No \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Mason Name \_\_\_\_\_ BRAMM/NAMM Reg. No. \_\_\_\_\_

Following approval, a permit will be returned authorising the work.

**MEMORIAL INDEMNITY**

I am aware of the regulations enforced by the Authority, and confirm that the memorial will be installed as per the current NAMM Code of Working Practice BS8415/NAMM.

**NB.** Ground conditions may remain unstable for 6 months or more, please assess the ground conditions before placing.

Company/Mason Signature \_\_\_\_\_

Request permission to: New Memorial  Add Inscription  Refurbish  Replacement  Photo

Other  \_\_\_\_\_

Design of memorial (showing positions of vases etc.)          Material: _____ Internal Reference: _____	Proposed inscription          <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Dimensions</th> <th style="text-align: center;">Length</th> <th style="text-align: center;">Width</th> <th style="text-align: center;">Height</th> </tr> </thead> <tbody> <tr> <td>Memorial</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Base</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Foundation</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Dimensions	Length	Width	Height	Memorial				Base				Foundation			
Dimensions	Length	Width	Height														
Memorial																	
Base																	
Foundation																	

**The Applicant must be the owner of Exclusive Right of Burial or if the grave owner is deceased, the person who has signed the statutory declaration.**

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

**For Office Use Only**

Fee Payable Account Receipt No. Date	
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