

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: memorialapplications@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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