

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 556070 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.) Sizes must be included for new memorials. | Proposed inscription | | | | | | | | | | | | | | | | |
|---|--|------------|--------|-------|--------|----------|--|--|--|------|--|--|--|------------|--|--|--|
| Material: _____ Internal Reference: _____ | <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Dimensions</th> <th style="padding: 5px;">Depth</th> <th style="padding: 5px;">Width</th> <th style="padding: 5px;">Height</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Memorial</td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> <tr> <td style="padding: 5px;">Base</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Foundation</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Dimensions | Depth | Width | Height | Memorial | | | | Base | | | | Foundation | | | |
| Dimensions | Depth | 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 | |
|---|--|