

Application for a Permit to Place or Adjust a Memorial

Please indicate which of the following this Application relates to: **CEMETERY** LANCING & SOMPTING SOUTHWICK **BROADWATER** MILL LANE **DURRINGTON GRAVE** (Traditional & Lawn) **CREMATION PLOT LAWN CREMATION PLOT NEW MEMORIAL NEW MEMORIAL NEW MEMORIAL** KERB & SET MEMORIAL REPLACEMENT MEMORIAL REPLACEMENT MEMORIAL REPLACEMENT MEMORIAL ADDITIONAL INSCRIPTION ADDITIONAL INSCRIPTION ADDITIONAL INSCRIPTION ADDITION TO MEMORIAL ADDITION TO MEMORIAL ADDITION TO MEMORIAL FULL NAME OF DECEASED..... **INSCRIPTION** (proposed/existing memorial) Please detail the exact wording proposed. If an image is to be added, please attach a copy to this application

MEMORIAL FIXING METHOD

Does the Memorial foundation stone, landing and fixing method meet (or exceed) the standard required by NAMM or BRAMM in their Code of Working Practice?

YES / NO (Please delete as appropriate)

MEMORIAL PROPOSED

A line drawing or photograph and a description of the Memorial inclusive of all dimensions is required. Please see overleaf for Memorial Restrictions.

NOTE: Identification number (Section Row and Grave) must be visibly inscribed on the rear of the Memorial and indicated on the drawing.

State overall dimensions i.e. maximum Height (above ground level)	Width	Length	Depth
Memorial Name/Model		Materials & Colour.	
Finish to stone			
It is a requirement that an appointme Please contact us to make an appoir		install any Mem	orial in our Cemeteries.
MEMORIAL RESTRICTIONS			
Please refer to the Burial Ground Rules & lof graves and cremation plots within the ce have a minimum thickness of 3" and memo period of lease. The council reserves the ri	emetery, as this orials must be co	may affect our choiconstructed of mater	ce of memorial. All memorials mu ials suitable to the environment ar
MEMORIAL SIZE RESTRICTION - Please	e see separate :	sheet	
Please Note: If granted, the permit will be memorial is found to be of the incorrect so you will be required to arrange rectification representative.	size, description	or location or foun	d to have no identification number
STATEMENT OF THE REGISTERED GRA	AVE OWNER		
I hereby authorise Messrs		(Monเ	umental Masons)
Address			
Telephone No			
to carry out the work detailed above and overle Worthing Borough Councils. I have instructed permit and I agree to arrange for rectification of	that the Stonema	sons comply with the	
All fields must be completed			
Signed (Registered Owner of Grave/Applicant)			Date
Name (Block Capitals)			
Address			
Tel.No E	Email		
Fee Payable £			
Adur & Worthing Councils are the data controlled memorial applications. Full details about how you notice	our personal data	a is used are available	

Please return this application, together with the fee (cheques made payable according to cemetery location i.e. Adur District Council **OR** Worthing Borough Council) to:-

Bereavement Services Worthing Crematorium Horsham Road Findon West Sussex BN14 0RG

Email: cemetery@adur-worthing.gov.uk