

**STOTFOLD CEMETERY**

**MEMORIAL LICENCE APPLICATION**

**PERSONAL DETAILS**

Name of Applicant……………………………………………………………………………

Address:……………………………………………………………………………………….

………………………………………………………………………………………………….

Telephone number……………………………………………………………………………

Email: ……………………………………………………………………………………….…

**PARTICULARS OF GRAVE**

Plot number ………….……………………………………………………….

Name of deceased ………………………………………………………………….

**STONEMASON** …………………………………………………………………………..

**DESIGN (please enclose picture)**

Dimensions:

Materials:

Colour:

**INSCRIPTION WORDING**

Please see Charges for Stotfold Cemetery for current fees.

Note that Charges are trebled for memorials for non Stotfold residents

Fee paid ………………………………………Receipt number……………

Signed…………………………………………… Dated…………………………