## LEVERINGTON PARISH COUNCIL (Burial Authority).

## APPLICATION FORM FOR ASHES MEMORIAL TABLET 2023

in connection with the Interment of ashes of

| NAME:  This form and the fee must be returned to the Clerk, I   | R.D. Royce, Pinale Lodge Farm, Unwell Wishech |
|---|---|
| PE14 9BN (Tel: 07773 636296) before any tablet is l   |   |
| Cheques should be made out to 'Levering   |   |
| For BACS payments: Account Name: Leverington Page 1   |   |
| Sort Code: 20-97-34. Account No. 13701743. Pleas  |   |
| Maximum dime  | nsions allowed.                               |
| 18x18   | 3x5/3   |
| The inscribed memorial tablet should be fixed to the exist existing stone may be used as a plinth for an inscribed stoof the flower container is 12"            | - ·   |
| Prop  | <u>osal</u>                                   |
| Proposed Inscription and colour of lettering. Pleas<br>right side of tablet or complete tablet. Any additio<br>You will be informed of the cremation chamber no | nal notes on the reverse of this application. |
| Sketch/photo of memorial tablet   |   |
| The stone can be black, dark grey or light grey.  |   |
| If a motif or photo is to be incorporated please sho<br>the sketch.   | ow it in                                      |
| Observations from:  |   |
| Leverington Parish Council, the Burial Au   | thority                                       |
| On the receipt of the fee for the Right to lay a tablet   |   |
| the Council agrees/disagrees to the above applicatio (Reason for refusal if applicable):  | n   |
|   |   |
| Signed:   | Parish Clerk/Cemetery Administrator.          |

Date:

Please put the Name, address and telephone no. of purchaser on the back of this form. By the submission of this form, the Stone Mason confirms that the person(s) named on the inscription is/are deceased.

Fee paid yes/no. Amount \_\_\_\_\_

A signed copy of this form will be returned to the memorial provider if the Council agrees to the proposals. **Return to : (name and address of stone mason)**