



EYE TOWN COUNCIL

APPLICATION FOR PERMIT TO ERECT MEMORIAL & INSCRIPTION AT EYE CEMETERY

Name of Deceased	
Division and Plot Number if known	
Applicant/Customer Name	
Applicant/Customer Signature	
Date:	
Address	
Monumental Service Name	
Address	
Tel No:	
Email address	
Monumental Service Signature	
Date:	
Type of Memorial	
Details of Memorial	
Headstone Size	
Base	
Kerbs	
Proposed Inscription	

Notes	
Fees due	£
Signature of Approval	
Position	
Date:	