



---

**ADDITIONAL INSCRIPTION APPLICATION  
NEWTOWN LINFORD CEMETERY**

This application to be submitted in duplicate to the Registrar of Burials before any additional work takes place

**TO BE COMPLETED BY GRAVE OWNER**

Full Name of Deceased.....

Grave Space Number.....

I hereby apply for permission to remove headstone, add an inscription and return to the above mentioned grave space.

Signature.....Date.....

Full Name.....BLOCK CAPITALS PLEASE

Address.....

**TO BE COMPLETED BY STONE MASON (Drawing of proposed inscription to be attached)**

Proposed inscription.....BLOCK CAPITALS PLEASE

.....  
.....  
.....

Having been instructed to carry out the work, I hereby undertake that all associated work will be carried out in accordance with the Rules of the Cemetery now in force.

Signature.....Date.....

Name..... BLOCK CAPITALS PLEASE

Address.....

Telephone No.....

**OFFICE USE ONLY.**

Permit Approved.....Date.....Fee.....