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**NEW MEMORIAL APPLICATION  
NEWTOWN LINFORD CEMETERY**

This application to be submitted in duplicate to the Registrar of Burials before any memorial is erected in the cemetery and may only be erected upon approval by the Registrar.

**TO BE COMPLETED BY GRAVE OWNER**

Full Name of Deceased.....

Grave Space Number.....

I hereby apply for permission to erect the headstone, as herein described, on the above mentioned grave space.

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

Full Name.....BLOCK CAPITALS PLEASE

Address.....

**TO BE COMPLETED BY STONE MASON (Drawing of proposed memorial, with sizes, to be attached)**

Description of proposed memorial.....

Materials to be used .....

Proposed inscription.....BLOCK CAPITALS PLEASE

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Having been instructed to erect the above memorial, 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.....