



HERTFORD TOWN COUNCIL

**APPLICATION FOR GRAVESTONE/MEMORIAL
AT HERTFORD CEMETERY, NORTH ROAD, HERTFORD**

From:
(Memorial Mason's
Name and Address)

Contact Name:
Email Address:

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Name of Registered Owner	
Address of Registered Owner	
Name of Deceased	
Date of Burial	
Grave Number	
Details of proposed headstone/ memorial including size, material and wording Please enclose a sketch of the proposed memorial together with details of fixings and measurements. All in accordance with the NAMM Code of Practice and BS8415	
Fee	£

Payment can be made by Cheque, Card or BACS

For BACS please include Name & Grave number as Reference

BACS Payment Details: Company Name: Hertford Town Council
Sort Code: 40-24-13
Account No: 1366 3108
Bank: HSBC

Signed Date
(Registered Owner)

- * Please note: It is the responsibility of the registered owner to maintain and upkeep the Memorial,
- * The Council cannot be held responsible for any vandalism or damage to the Memorial.