

ROTHER DISTRICT COUNCIL

Application for Permission to Erect a Memorial

BOTH SIDES OF THIS APPLICATION MUST BE PROPERLY COMPLETED AND DELIVERED TO:
 ROTHER DISTRICT COUNCIL, THE CEMETERIES OFFICER, TOWN HALL, BEXHILL-ON-SEA,
 EAST SUSSEX TN39 3JX. TEL: 01424 787523

Work must not commence until permission to proceed is obtained

FEES TO BE PAID WITH APPLICATION

Section 1

1. Name of Deceased: _____

2. Cemetery: Bexhill / Rye _____

3. Division: _____ Section: _____ Letter & No: _____

4. Type of Memorial:* _____

*insert here the type of memorial, e.g. Headstone, kerb, Additional Inscription

5. Dimensions

Headstone

Height:m
 Width:m
 Depth:m

Base

Height:m
 Width:m
 Depth:m

Kerbstone

Height:m
 Width:m
 Depth:m

6. Proposed Inscription

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

7. Proposed Embellishments

| |
|--|
| |
| |
| |
| |
| |

Full Name of Owner: (Block Capitals) _____

Signature of Owner: _____ Date: _____

Address of Owner: _____

Signature of Mason: _____ Date: _____

Name and Address of Mason: _____

| For Office Use Only | | | |
|---------------------|--|---------------|--|
| Date Received | | Fee Payable | |
| Approval Posted | | Date Fee Paid | |
| Approval Number | | Receipt No. | |

Section 2 – Please use the space below for an illustration / picture of the proposed memorial.

Section 3 – To be completed by Registered Grave Owner.

Data Protection Act 1998

Please note that the Data Controller, as defined in the Data Protection Act 1998, is Rother District Council. The information, which you provide, will enable the Council to exercise its authorised powers relating to the Acts and Regulations governing cemeteries.

This information may be disclosed to any other relevant person(s) as considered necessary by the Council's Cemeteries Officer in connection with this application for permission to erect a memorial.

Signed:

Date: