

AMERSHAM TOWN COUNCIL

APPLICATION TO ERECT MONUMENT AND INSCRIPTION

Date: ..... Reference: ..... Name of

Applicant:

Address:

Cemetery:

Grave No:

Name of Interred:

Name and Address  
of Deed Holder:

Details of Monument or Inscription: (Sketch on back please)

Signature of Deed of Grant Holder .....

Signature of Monumental Mason .....

**Please return to:**

The Town Clerk  
Amersham Town Council  
The Court House  
King George V Road  
Amersham, Bucks, HP6 5ST

**For Office Use:**

Date Approved:

Fee:

Receipt No

**Inspection:**

Installation Approved:

Date:

APPROVAL TO BE RETURNED TO APPLICANT FOR ERECTION OF MEMORIAL

To: .....  
(Applicant please  
complete full address) .....

**I hereby approve your application subject to an appointment being made for installation with the Park Superintendent (tel no: 01494 725650 or email: [depot@amersham-tc.gov.uk](mailto:depot@amersham-tc.gov.uk)). The Park Superintendent or one of his team will meet you on site of the day of installation. Any memorial stone installed without the Park Superintendent's permission will be removed.**

in respect of Grave No: .....in ..... Cemetery

The fee is £ ..... Name of Interred: .....

Please remit by return to: The Town Clerk, Amersham Town Council,  
The Court House, King George V Road, Amersham, Bucks, HP6 5ST

Cheques made out to: **AMERSHAM TOWN COUNCIL**

MRS J WHEELER  
TOWN CLERK

**SKETCH AND DETAILS**

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**PLEASE LEAVE BLANK BELOW THIS LINE**

**STANLEY HILL AND THE PLATT CEMETERIES**

SET OUT BELOW ARE THE DIMENSIONS OF THE TYPE OF HEADSTONE THAT IS ACCEPTABLE IN THE ABOVE LAWN CEMETERIES.

PLEASE NOTE THAT THE MEMORIAL STONE MUST BE FITTED INTO A SHOE AS SHOWN, WITH AT LEAST 1' SET BELOW THE GROUND.

DIMENSIONS MUST BE AS SHOWN.

