

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  
Top Floor  
King George V House  
King George V Road  
Amersham, Bucks, HP6 5AW

**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,  
Top Floor, King George V House, King George V Road, Amersham,  
Bucks, HP6 5AW

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.

