

Permit No..... Serial No. ....

 Susanne Barter  
 Town Clerk  
 Princes Risborough Town Council  
 Wades Centre, Stratton Road  
 Princes Risborough  
 Bucks HP27 9AX

**www.princesrisboroughtowncouncil.gov.uk**  
**e-mail: town council@princesrisboroughtowncouncil.gov.uk**  
 Tel: 01844 275912

**MEMORIAL APPLICATION FORM / STRATTON MEMORIAL GARDEN**
**1. Application is made on behalf of:**

Name	
Address	
Telephone	
Email	
Deed of Grant No.	

Signature of Applicant ..... for approval to

*Please tick one of the following:*

- Erect a memorial
- Place an additional inscription on an existing memorial
- Repair an existing memorial
- Place a memorial cast bronze plaque on kerbing stone on

Gravespace No.	
Section	consecrated / unconsecrated
In Respect of	

in accordance with the attached details.

**2. Stonemason carrying out the work:**

Name	
Address	
Telephone	
Date work to be carried out in the cemetery	

I agree to comply with Princes Risborough Town Council's specification for installation, including inscribing the number of the grave on the back of the headstone or plate. I enclose a fully dimensioned sketch and details of the inscription or repair work to be carried out. Also enclosed is the appropriate fee(s) for works to be carried out.

Signed .....

Date .....

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**FOR OFFICE USE**

Received .....

Grave Space checked ..... Purchased by Parishioner / Non-Parishioner Grant No. ....

Amount ..... Receipt No. .... Date paid ..... Permit issued with effect from .....  
.....

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Serial No. ....

To Permit .....

to (a) Erect a memorial ..... (b) place an additional inscription on an existing memorial ..... (c) repair an existing memorial (d) Place a memorial bronze plaque on kerbing stone.... on Grave Space No. .... Section ..... Consecrated / Unconsecrated in Stratton Memorial Garden, Princes Risborough in accordance with the details attached, in respect of .....

Date .....

Signed .....  
Town Clerk

*Princes Risborough Town Council respects your privacy but at times it may be necessary to contact you regarding your Exclusive Rights of Burial. We would like to ensure that we do so in a manner that suits you. Please let us know which method you prefer.*

Email

Telephone

Post

*Please tick your preferred option.*