

Memorial Work Application

Grave Section:	Grave Number: Office Use Only Date:		
Cemetery: St.Helens*/Newton* *(Please delete) Application form to be sent (with applicable fee) to:			
Cemeteries and Crematorium Office			
Crematorium Building	Permit No:		
Rainford Road, St.Helens WA10 6DF	Fee paid:		
Tel: 01744 677407/677406 • Fax: 01744 677411			
Email: sthelenscemetery@sthelens.gov.uk	Receipt No:		
Please tick ✓ box			
New Memorial:	(Drawing overleaf & inscriptions)		
Additional inscription:	(See below)		
Replacement Memorial - no additional Inscription:	(Drawing overleaf)		
Replacement Memorial - with additional inscription:	(Drawing overleaf & inscriptions)		
Kerb Set (Extended garden form required if applicabl	e): Drawing overleaf)		
Other (i.e. vase, figure etc.):			
Description of other:			
Ground Anchor (Type of fixing method):	(Size of fixings to be shown overleaf)		
A drawing showing ALL dimensions, dowel sizes e	etc. must appear overleaf.		
Memorial Material:			
Inscription Details:			

I hereby authorise (Stonemason):	, , , , , , , , , , , , , , , , , , ,		
Name of Funeral Service arranging Stonemason (if ap	pplicable)		
To carry out the work detailed above and in accordance	ce with the drawing shown overleaf (if applicable)		
Grave Owner(s)/Applicant: Print name(s):			
Signature(s):(All Grave Owners must sign)			
Grave Owner contact address:			
Re: Memorial Work			

All Memorial work must be carried out by appointment only.
All Stonemasons must be off site by 4.00pm, Monday to Thursday, and 3.00pm on Friday. No work to commence without Council Supervisor authority.

Location supervised by: Signature:		Date:	•
Supervisor print name:			***************************************
	Please tick ✓ a box		
• Located			
Headstone removed			
Inscriptions			
Ground anchor fixing			
Install memorial/vase/kerbs		•	
Renew dowels			
Work completed by STonemason - Sig	gnature:		
Supervised by - Signature:			
Date:		*	
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Drawing must be shown with all n	neasurements, method of fixing	and dowel sizes:	
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Inscription on rear of memorial: Yes/N			
Inscription Details:			
Sizes of fixings:			
(including Length & Diameter) Size of dowels:			
(Including Diameter)			
Material of sub-base:	***************************************		
Approver's comments:			
•			
Drawing approved by Signature			
Drawing approved by - Signature:			
Date approved:			