

# Black Country Authorities Memorial Permit Application Form

Permit No.
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- Dudley - 01384 814011      e-mail: bereavementsvcs.due@dudley.gov.uk
- Sandwell - 0121 569 6700      e-mail: bereavement\_services@sandwell.gov.uk
- Walsall - 0300 555 2848      e-mail: bereavementservices\_memorials@walsall.gov.uk
- Wolverhampton - 01902 554997      e-mail: bereavement.services@wolverhampton.gov.uk

Cemetery _____	Grave No. _____	Grant No. _____
On the grave of the late _____		
Company Name _____	Tel No _____	
Address _____		
E-mail _____		
Mason Name _____	BRAMM/NAMM Reg. No. _____	
Following approval, a permit will be returned authorising the work.		

**MEMORIAL INDEMNITY**  
 I am aware of the regulations enforced by the Authority, and confirm that the memorial will be installed as per the current NAMM Code of Working Practice.

Company/Mason Signature \_\_\_\_\_

Request permission to: New Memorial  Add Inscription  Refurbish  Replacement  Photo

Other  \_\_\_\_\_

Design of memorial (showing positions of vases etc.)          Material: _____ Internal Reference: _____	Proposed inscription          <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Dimensions</th> <th style="text-align: left;">Height</th> <th style="text-align: left;">Width</th> <th style="text-align: left;">Depth</th> </tr> </thead> <tbody> <tr> <td>Memorial</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Base</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Foundation</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Dimensions	Height	Width	Depth	Memorial				Base				Foundation			
Dimensions	Height	Width	Depth														
Memorial																	
Base																	
Foundation																	

The Applicant must be the owner of Exclusive Right of Burial or if the grave owner is deceased, the person who has signed the statutory declaration.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

For Office Use Only

Fee Payable Account Receipt No. Date	
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