



NEWHAVEN CEMETERY, LEWES ROAD

HORIZONTAL MEMORIAL APPLICATION & CHECKLIST

Please complete sections 1, 2 & 3 only and return this checklist to Newhaven Town Council, 18 Fort Rd, Newhaven BN9 9QE or admin@newhaventowncouncil.gov.uk with the requested information and appropriate fee.

1. DECEASED DETAILS			
Name of deceased			
Grave Space No:			
2. APPLICANT DETAILS			
Name and address of person requesting memorial to be provided:			
Declaration: <i>I confirm that I am the registered grave owner</i>		(signature) (date)	
3. MEMORIAL DETAILS			
A. Name and address of monumental mason who will supply and install the memorial			
B. Memorial design, construction and inscription details All memorials will be subject to design approval by the Council. Please confirm the following:			
i. I enclose as part of this application detailed sketches that fully illustrated the proposed design, type of materials and sizes of all component parts. ii. I have produced and enclosed details of the proposed inscription.			<i>Please tick all boxes</i>
Name (print)	Signature	Position (eg proprietor)	Date:

To be completed by council staff

4. APPLICATION APPROVAL

A. Design checked against NAMM code and approved

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Approved/Actioned by

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B. Permit issued date

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C. Installation date confirmed as

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D. Site marked out

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