



HERTFORD TOWN COUNCIL

**APPLICATION FOR GRAVESTONE/MEMORIAL
AT HERTFORD CEMETERY, NORTH ROAD, HERTFORD**

From:
(Memorial Mason's
Name and Address)

Contact Name:
Email Address:

| | |
|--|---|
| Name of Registered Owner | |
| Address of Registered Owner | |
| Name of Deceased | |
| Date of Burial | |
| Grave Number | |
| Details of proposed headstone/ memorial including size, material and wording Please enclose a sketch of the proposed memorial together with details of fixings and measurements. All in accordance with the NAMM Code of Practice and BS8415 | |
| Fee | £ |
| Method of payment | <input type="checkbox"/> Amount above to be invoiced <input type="checkbox"/> Date paid by BACs: _____ <input type="checkbox"/> Card payment (please call number below) |

For BACS please include Name & Grave number as Reference
BACS Payment Details: Company Name: Hertford Town Council
Sort Code: 40-24-13
Account No: 1366 3108

Signed Date
(by Registered Owner)

* Please note: It is the responsibility of the registered owner to maintain and upkeep the Memorial,
* The Council cannot be held responsible for any vandalism or damage to the Memorial.

Hertford Town Council, The Castle, Hertford, SG14 1HR
Tel: 01992 552885 Email: cemeteryadmin@hertford.gov.uk