Swanage Town Council
Godlingston Cemetery
Memorial Application

Office Use Only
Cemetery Fees: £
£

Total £
Reservation No:

Details of Deceased				
Full Name				
Letter and No. of Grave Space				
Last Residence (Stating Parish and County)				
Name(s) of Applicant(s)				
Address of Applicant(s)				
Signature(s)				
Date				
Memorial Mason Details				
Name of Memorial Mason				
Address				
Telephone Number				
Email				
Description of proposed memorial and material to be used				
NAMM/BRAMM Registration No	NAMM		BRAMM	
Signature				
Date				

Godlingston Cemetery Permit	
Letter and No. of Grave Space	
To	
I hereby inform you that the (New Memorial/Added Inscription)	
For the above grave, as shown in your application may now be proceeded with.	
Signature of the Town Clerk	
Date	

N.B. This application, duly completed, must be sent to the Town Hall. Work cannot commence until the subjoint permit has been approved by the Town Clerk.

In addition, authorisation must be sought from Swanage Town Council's Operation Department prior to any workman accessing Godlingston Cemetery in order to carry out works of any type. Please contact the depot on 01929 766034 to arrange a time and date for your visit, alternatively you can email admin@swanage.gov.uk

For Depot Use Only

Date of Installation	
Name of Deceased	
Letter and No. of Grave Space	
Name of Memorial Mason	
Installation Checked by	
Date	

When completed, please send to:

Town Clerk, Swanage Town Council, Town Hall, Swanage, Dorset, BH19 2NZ

Tel: 01929 423636 Email: admin@swanage.gov.uk **Website:** www.swanage.gov.uk

Description of Proposed Memorial and Method of Fixing

(to the scale of one inch to the foot and stating material and dimensions)

Proposed Inscription