

Bereavement Services

Altrincham Crematorium, Whitehouse Lane, Dunham Massey, Altrincham, Cheshire,
WA14 5RH

Tel: 0161 912 1516

Email: altrincham.crematorium@trafford.gov.uk

GRAVE OWNER MEMORIAL AUTHORITY FORM

Please provide all requested information.

Missing or incorrect information may result in delays to your application.

Cemetery: Grave Section: Grave Number:

The Grave Owner

I hereby make an application for (name of stonemason)

Of (stonemason contact details)

To undertake on my behalf the proposed work in accordance with the designs, details, measurements and materials specified overleaf.

I hereby confirm that I am the legal owner of the grave plot referred to in this application, and entitled to the exclusive right of burial in the specified grave space.

Name of Grave Owner:

Address of Grave Owner:

Signature of Grave Owner:

Date of Signature:

The Deceased

Name of the (most recently) Deceased in the grave:

Date of Death:

MEMORIAL DETAILS

DESIGN OF MEMORIAL	INSCRIPTION

DIMENSIONS	HEIGHT	WIDTH	DEPTH
PLATE:
BASE:
FOUNDATION:
MATERIAL:		
GROUND ANCHOR SYSTEM & SIZES:		
BRAMM/NAMM Number:		

**There may be a fee to pay before a permit can be issued.
Please confirm with your stonemason whether their quote is inclusive of any fee.**