

I (full name)	
Of	
Telephone Number	
Apply for a memorial, as specified be mentioned grave space for a lease p	Exclusive Right of Burial in grave space numberedelow, to be erected in the WATTON CEMETERY, on the above period of 50 years.  Ve Right certificate must accompany this application.
of all memorials to ensure that they a regularly inspect memorials. Any det responsibility of the PURCHASER a PURCHASER notifies WATTON TO PURCHASER cannot be contacted,	at Work Regulations 1999 requires the regular inspections are made are maintained in a safe condition. WATTON TOWN COUNCIL will rerioration identified which requires remedial action is the prime and will be notified accordingly. It is therefore required that the WN COUNCIL of any change of address. In the event that the then WATTON TOWN COUNCIL reserves the right to take whatever emorial is maintained in a safe condition.
Signed (Purchaser)	Date
Please attach a sketch of the proposed memorial  Deceased Name(s)	
Authorised by:	Date
On behalf of Watton Town Council	Date
Grave Number	Memorial Fee £
Book/ NAMM code of Practice (curre to BS8415. I attach a certificate of co	n installed to meet the standard of BS8415 and the BRAMM Blue ent versions) and incorporates a ground anchor system that conforms onformity, a copy of which I have given to  (Name of registered grave owner)
Stone mason contact details	
Signed (Stone mason)	Date