

SALISBURY CITY COUNCIL

ERECTION OF A MEMORIAL

LONDON ROAD/ DEVIZES ROAD/ AVENUE CEMETERY

Application is hereby made for permission to erect a memorial as per description and design detailed below, fees required as stated, written authority will be confirmed in due course.

Monumental Mason Name	Applicant Name
Address	Address
.....
.....

Proposed Inscription, Dimensions & Design of Memorial

Dimensions Design & Inscription
Grave No.
Section
Fees Payable

(Cheques to be made please payable to **Salisbury City Council**)

I the undersigned, for and on behalf of the Monumental Mason named above, declare that this memorial will be erected in accordance with the National Association of Memorial Mason's code of working practice.

Signed

Please return the completed form & remittance to:-

**The Manager
Salisbury Crematorium
Barrington Road
Salisbury
SP1 3JB**