



**DROXFORD PARISH COUNCIL**

**APPLICATION FOR THE ERECTION OF A MEMORIAL AT DROXFORD CEMETERY**

Name of the Applicant .....

Name of the Deceased and Grave plot number .....

Name and Telephone number of the Agent undertaking the Work .....

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Signature on behalf of the Agent .....

Date .....

**Consent is / is not given to the erection of the memorial**

Signature of Parish Clerk .....

Date .....

Reasons for refusal if given .....

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**Please attach a drawing and description of the memorial, including materials, dimensions and wording. Photographs are not allowed on memorials. The decision of the Parish Clerk is final.**

Ailsa Duckworth, Parish Clerk

Droxford Parish Council

PO Box 504, Southampton

SO30 9GB

**DROXFORD PARISH COUNCIL**

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