

DROXFORD PARISH COUNCIL

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

Name of the Applicant.....

Name of the Deceased and Grave plot No.....

Name and Telephone No. of the Agent undertaking the Work.....

.....

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.....

.....

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

Mrs. R.Hoile
Parish Clerk,

West House Cottage
South Hill
Droxford,
Hampshire
SO32 3PB

T: 07792 092072

E: clerk.droxfordpc@gmail.com