



**TRAFFORD
COUNCIL**

**BEREAVEMENT SERVICES
MEMORIAL APPLICATION FORM**

**Altrincham Crematorium, Whitehouse Lane, Dunham Massey, Altrincham,
Cheshire. WA14 5RH
Tel 0161 912 1516 Fax 0161 928 6478**

CEMETERY.. . **NUMBER.** . **SECTION.** ...

I hereby make an application for (Name of stonemason)

of

to erect on my behalf a memorial in accordance with the designs and details overleaf. I shall be obliged if you will give me permission to proceed with the work. I hereby confirm that I am the person now entitled to the exclusive right of burial in the grave space referred to in this application.

Name (In Block Letters).

Address..

Signature of Grant Holder

Surname of Deceased

Date of Death..

PLEASE COMPLETE MEMORIAL DETAILS OVERLEAF

FOR OFFICIAL USE ONLY

Grave No. *Section.* *Correct Applicant* ... *Name/Spelling* .

Age/ Date of Death .. *Application Received* *Permit Sent*

Approved *Signature of Officer*..... .. *Date*

Fee Payable .. *Amount £.* ... *Receipt No...* .. *Permit No.*