



AYLESBURY TOWN COUNCIL

Tring Road Cemetery, Aylesbury

Permit Number:

Name of Deceased Grave No.

Grave Owners Details (If Grave owner deceased the next of kin must contact the cemetery office to transfer ownership)

If TWO owners both must sign this form – please contact office if required

Box 1	Print Name
Owner 1:	
Address	
.....	
.....	
Postcode	
Date	
Signature:	

Box 2	Print Name
Owner 2:	
Address.....	
.....	
.....	
Postcode	
Date	
Signature:	

Is the Mason making the application also the Mason fixing: Tick: Yes Tick: No
(then complete Box 4)

Box 3	ATC Registered Mason Making Application
Mason:.....	
Address	
.....	
.....	
Postcode	
Date	
Signature:	

Box 4	ATC Registered Mason Erecting Memorial (if different)
Mason:.....	
Address.....	
.....	
.....	
Postcode	
Date	
Signature:.....	

All Monumental Masons must be registered with Aylesbury Town Council
If not Registered with ATC an application for registration must accompany this application. - Please contact the office.

Please complete the dimension and fixing information on the reverse of this form

For office use

Approved by:(Manager) Date..... Receipt Number

