

FLETCHING BURIAL GROUND

Application for consent to erect a monument

Name of Applicant	
Address of Applicant	
Number of grave space	
Signature of the holder of the Grant of Exclusive Right of Burial or authorised person	
Date of Application	
Name and Address of Monumental Mason	
Sketch or Illustration of proposed	
Proposed wording	
Proposed Material to be used	
Please confirm that the applicant is aware of the current regulations relating to the Fletching Burial Ground	Signature of Applicant _____

* Following completion, this application and appropriate fee is to be sent to:
Mr D.T. Harris, Clerk to the Fletching Parish Council, 8 Lower Saxonbury, Crowborough, East Sussex TN6 1EB

* Work **may not** commence until the appropriate fee has been paid and the authority of the Fletching Parish Council issued to the applicant