 **Memorial Ref: \_\_\_\_\_\_\_\_\_**

Application for Permit to Erect Headstones or Add Additional Inscriptions

**Cross Cemetery, Enniskillen Breandrum Cemetery, Enniskillen**

**Dublin Road Cemetery, Omagh Greenhill Cemetery, Omagh**

**Fintona Cemetery, Omagh**

Name of Deceased:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section \_\_\_\_\_\_\_\_\_ Plot No: \_\_\_\_\_\_\_

Name & Contact Details of Owner of Right to Burial:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As Owner of the Exclusive Right of Burial for the above grave space, I hereby make application for permission to erect a Headstone to BS 8415 current standard:

Signed Plot Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please show in the space provided details of the proposed inscription and drawings of the proposed headstone, stating dimensions, colour and materials to be used. (See Rules and Regulations Booklet) If Headstone shape modified from below please provide details.

**HEADSTONE**

 **INSCRIPTION**

**Pins**

 **COLOUR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **MATERIALS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USE AN ADDITIONAL PAGE IF REQUIRED

FOR ANY OTHER FORM OF MEMORIAL PLEASE SUBMIT DETAILED DRAWINGS

**BASE**

**BASE**

**FOUNDATION**

Name of Funeral Director/Sculptor/Memorial Mason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Funeral Director/Sculptor/Memorial Mason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify the foregoing particulars are correct and I understand that no work on erection of the headstone can commence unless:

- written approval has been received from the Council;

- registration and risk assessment forms have been completed; and

- up to date insurance has been provided to the Council.

- must be installed to BS 8415 in its latest version.

Signed Funeral Director/Sculptor/Memorial Mason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note: fees are payable to process applications and are available on the Council Website, www.fermanaghomagh.com or by calling the Cemetery Departments at Killyvilly Depot, Enniskillen or Gortrush Works Depot, Omagh on 0300 303 1777.**

Completed applications to be returned to: The Cemetery Department, Fermanagh and Omagh District Council, Killyvilly Depot, 152 Tempo Road, Killyvilly, Enniskillen, Co Fermanagh BT74 4GD or Gortrush Works Depot, Unit 2, Gortrush Industrial Estate, Omagh, Co Tyrone, BT78 5EJ.

**OFFICE USE:**

Application checked by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval given by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date applicant notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cemetery Supervisor notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice Request / Receipt No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash/Cheque/Card

Additional Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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