



## Application for Memorial Feature in Stonehouse

Name:	
Address:	
Postcode:	
Telephone Number:	
Type of Memorial:	Bench/Tree/Other (please provide details)
Preferred location:	
Name of person on memorial	
Requested Inscription	
<p>Permission for the memorial must be requested by the next of kin, and must agree to the condition of the Stonehouse Memorial Policy</p>	
Name of Next of Kin:	
Address of next of Kin	
Telephone number	
Relationship to the person on the memorial:	
Signature:	

Please forward the completed form to: Stonehouse Town Council  
The Town Hall  
High Street  
Stonehouse  
GL10 2NG