



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	
Permission for the memorial must be requested by the next of kin, and must agree to the condition of the Stonehouse Memorial Policy	
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  
1 Queens Road  
Stonehouse  
Glos  
GL10 2QA