

Stratton St Margaret Parish Council

Council Offices, Meadowcroft Community Centre, Addison Crescent, Upper Stratton, Swindon, SN2 7JX

Telephone: (01793) 823761 Email: jasmin.sheppard@strattonstmargaret.gov.uk

**Pre-Purchase – FULL INTERMENT SECTION**

Application for Pre-purchase in a full interment section must be made on this form and accompanied with payment of fees.

Cemetery: **St Margaret’s Lower Stratton**

**Details of person/s whom Grant of Exclusive Rights is to be made** *(note only 1 plot can be purchased per parish household)*

Name/s in Full ..................................................................................................................................................

Address in Full .................................................................................................................................................

....................................................................................................... Postcode …………………………………..

Telephone number(s) ......................................................................................................................................

Email address ………………………………………………………………………………………………………….

**Regulations as to Memorials**

1. Headstones should be of an UPRIGHT design 3’ high x 2’ wide x 3” thick **MAXIMUM.**
2. The headstone set should rest on a separate base 36” x 18 x 2” **MINIMUM**.

Fixed to NAMM code of Practice by a registered approved mason. A list can be obtained from the Parish Council.

1. Memorials cannot be installed on full graves until 12 months following the last interment – to allow for subsidence.
2. The test for inscriptions should be submitted to the Council office for scrutiny and acceptance. Only surnames are permitted on the reverse of the memorial.
3. The stone masons must arrange a mutually convenient time for the erection work to commence.

**Name of persons who will be interred either now or in the future (must be a parish resident at the time of pre-purchase).**

1. Full Name ...........................................................................................................
2. Full Name ...........................................................................................................

**Declaration**

I, being the Grant holder clearly understand and accept the above conditions:

Signature of Applicant/s………………………………………………………………

Date: ...................................

Address…………………………………………………………………..........................................................

Postcode ............................ Email Address…………………………………………………………………………………………

**For official use only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Received |  | Fee |  | Purchase Number |  |
| Grant Number |  | Receipt Number |  | Grave Number |  |