

MALTON TOWN COUNCIL

MRS GAIL COOK Town Clerk

Telephone: 01653 609888
Email. clerk@malton-tc.gov.uk
Website.www.malton-tc.gov.uk



The Wesley Centre
10-12 Saville Street
Malton
North Yorkshire
YO17 7LL

NEW MEMORIAL APPLICATION FOR APPROVAL

| Cemetery | New Malton Cemetery | | Old Malton Cemetery |
|-----------------------|---------------------|--|---------------------|
| Plot Number | | | |
| Inscription Wording | | | |
| Inscription Style | | | |
| Material | | | |
| Stonemason Name | | | |
| Stonemason Address | | | |
| Telephone | | | |
| Height, Width & Depth | | | |

DECLARATION

I confirm that the memorial will conform to the cemetery rules. I understand that no work may be put in hand until authorisation has been obtained.

Signature of Applicant Date

AUTHORISATION

If the application is approved by the incumbent, a duplicate copy duly signed should be returned to the Stonemason.

Approved Date

Please provide a SKETCH on the reverse

Fee £175.00 payable by Cheque or Direct Credit to Malton Town Council
Sort Code 20-67-75 Account No: 30605824.

**Failure to obtain approval and issue payment will result in an
Additional fee of £100 per head stone**