

BEREAVEMENT SERVICES

Memorial Repair Notification

ASHGATE LANE
IN WETHERAL CEMETERY

WARD _____ SECTION _____ NUMBER _____



CONSENT OF PERSON ACTING FOR GRAVE OWNER & TAKING RESPONSIBILITY FOR THE MEMORIAL

The grave owner is deceased and I am acting on their behalf. I accept that I am responsible for the memorial and the continuing safety of the memorial during the period of the Right. —

Signed _____

Full Name _____

Address _____

State whether Executor, relative, etc _____

DETAILS OF MEMORIAL MASON

Name _____

Address _____

Registration Number _____ (must be registered with Carlisle City Council)

GUARANTEE PERIOD GIVEN (Minimum 10 years – maximum 30 years) _____

Date of Repair _____

Details of Repair work Undertaken

FOR OFFICE USE ONLY

Fee _____ Permit No _____ Computer ID _____

Approved By _____ Checked by _____

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