**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**