



**APPLICATION FOR PERMISSION TO INTRODUCE A MEMORIAL
PLAQUE INTO
ST MATTHEW'S CHURCH YARD.**

This form should be used in conjunction with accompanying Terms & Conditions.

To allow proper time for reflection, no application for permission to erect a memorial can be made within six months of the date of the funeral.

Date of Funeral

Name of Applicant

Address

.....

.....

Telephone

Relationship to Deceased

Name of Monumental Mason

Address

.....

Telephone

Specifications of Memorial Plaque

Measurement of Memorial Either: 18" x 6" or 18" x 12"

Lettering Gilt

Type of Stone to be used Black Granite

Surface Finish Part Polished

New Memorial Plaque

- A) Deceased Name
- b) Date of Birth/Death
- c) "In loving Memory"
(or similar wording on one line of plaque)

Any extra wording other than the above may be considered and approved by the Church wardens in exceptional circumstances.

Adding an Inscription to an existing Memorial Plaque or replacement of an existing plaque with an added inscription

Wording 3 lines only maximum.

.....
.....
.....

Replacement of an existing Memorial Plaque

We would like to replace a current plaque - size/wording to be kept the same Yes / No

Reason for replacement

.....

We would like to replace a current plaque with approved changes

Yes/No

(if yes please detail changes below)

.....
.....
.....

Decoration: No decorations or inset vases.

Please refer to the enclosed: Hallowed Ground leaflet and St Matthew's Churchyard Rules and Regulations.

Authorisation to be signed by Application:

- 1 I have read the current edition of the notice relating to Churchyards issued by the Chancellor of the Diocese (Hallowed Ground) and the Terms and Conditions adopted by the Parish Church Council (St Matthew's Churchyard Rules and Regulations)**
- 2 I apply to the Rector/Churchwardens to grant permission for the memorial herein described and I undertake that if permission is granted by the Rector/Churchwardens the monument will be erected in exact conformity with the description.**
- 3 I further undertake to indemnify the Rector/Churchwardens against all costs and expenses to which he/she may be put in respect of any deviation from the undertaking number 2 above.**
- 4 We will ensure that when work is completed the grave and immediate surroundings are left neat, tidy and levelled.**

Date:..... Signed (Applicant).....

We undertake to abide by the above.

Date:..... Signed (Monumental Mason).....

**Please return to the Church Office to be considered and approved.
St Matthew's Church Office, St Matthews Centre, St Matthews Close,
Walsall, WS1 3DG
01922 626039**

For use by Rector/Churchwarden

Permission is hereby given to this Application:

Date..... Signed.....

**Copies to:
Applicant, Monumental Mason and Church Office**