



ADUR & WORTHING
COUNCILS

	Inscription checked		Measurements checked
	Material & Stone colour checked		Plot number inscribed on base
	Memorial correctly fitted and safe		
Name of inspector:			
Date of inspection:			

Application for a Permit to Place or Adjust a Memorial

Please complete this form in its entirety and return it to the cemetery office.

	Broadwater		Durrington		Lancing & Sompting
	Mill Lane		Southwick		St Nicolas Church
	Traditional Grave		Cremation Plot (CP)		Mausoleum
	Lawn Grave		Lawn Cremation Plot (LCP)		Child Grave
	New headstone		New CP/LCP memorial		Additional inscription
	New kert & set		Replacement memorial		Additional memorial

Full name of deceased:

Section:

Row:

Grave space:

Inscription: Please detail the exact wording proposed. If an image is to be added, please attach a copy.

Memorial details:

A line drawing or photograph and a description of the Memorial inclusive of all dimensions is required. Identification number (Section, Row, Grave) must be visibly inscribed on the rear of the Memorial and indicated on the drawing.

Maximum overall dimensions:

Height (above ground level)..... Width..... Length..... Depth.....
Memorial Name/Model..... Materials & Colour.....
Finish to stone

For all details of permitted memorial sizes and details relating to installation of memorials please refer to the Burial Grounds Rules and Regulations 2024. This can be found on our website and hard copies are available on request via the Bereavement Services Office.

Statement of Memorial Mason

I confirm the memorial foundation stone, landing and fixing method meet (or exceed) the standard required by NAMM or BRAMM in their Code of Working Practice. All works will abide by the Burial Rules and Regulations and I understand the council reserves the right to reject an application for any memorial that it deems unsuitable.

Company name: _____

Address: _____

Telephone no. _____

Signed: _____ Date: _____

Statement of applicant

I understand that if the memorial is found to be of the incorrect size, description or location or found to have no identification number, I will be required to arrange any inconsistencies to be rectified. I hereby authorise the above company, subject to an approved permit from Adur District Council and Worthing Borough Council. I have instructed that the Stonemason comply with the necessary terms and conditions of the permit.

Registered owner of grave rights: _____

Or Applicant on behalf of grave owner: _____
(if grave owner is deceased, must be same person as applicant for burial)

Address: _____

Telephone no. _____

Signed: _____ Date: _____

Adur & Worthing Councils are the data controllers for the purposes of applicable data protection legislation in relation to memorial applications. Full details about how your personal data is used are available at www.worthingcrem.co.uk/privacy-notice

Please return this application, together with the fee (cheques made payable according to cemetery location i.e. Adur District Council OR Worthing Borough Council) to:-

Bereavement Services - Cemeteries Team

Worthing Crematorium

Horsham Road, Findon

West Sussex, BN14 0RG

Website: <https://www.adur-worthing.gov.uk/cemeteries-and-crematorium>

Email: cemetery@adur-worthing.gov.uk

Telephone: 01903 872678