APPLICATION FOR PERMISSION TO ERECT A HEADSTONE & SURROUND

(Permission is required in circumstances which do not adhere to the Council's 'Erection of Headstones Guidelines')

COMHAIRLE CHONTAE NA GAILLIMHE / GALWAY COUNTY COUNCIL

Name of Deceased: _____

Date of Internment: _____

Name of Burial Ground: _____

Section: _____ **Row:** _____ **Grave No.**_____

Description of Proposed Headstone & Surround

Height of Headstone: _____

Overall Dimensions: _____

Grave Ornamentation (Please describe, if any): _____

Photograph or Drawing (Please attach)

Name of Applicant: _____

Address: _____

_____

_____

Signature of Applicant: _____

Date of Application: _____

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OFFICE USE ONLY

Approved by: _____ **Date:** _____
Area Engineer

GALWAY COUNTY COUNCIL

(COMHAIRLE CHONTAE NA GAILLIMHE)

DATE: _____

To: _____

_____

_____

_____

Re: Application for Approval to Erect a Headstone & Surround (Special Circumstances)

A Chara,

I refer to your application for the above.

I hereby certify that you have permission to erect a _____ headstone and _____ kerb in _____ Burial Ground. Please take note of the contents of the Council's 'Erection of Headstones Guidelines and present this permission to your local Caretaker.

Mise le meas,

_____
AREA ENGINEER