

Fourways Memorial Park

1 Memorial Lane
 Craigavon 2055
 Tel: 011 465-1715 Fax 086 687 2216
 Co. Reg. No: 2009/217800/23
 Vat Reg. No. 48101 73106



E-mail: info@fourwaysmemorialpark.co.za
www.fourwaysmemorialpark.co.za

TOMBSTONE PERMIT APPLICATION FORM 2016

Application for the Erection or Alteration of Memorial Work at Fourways Memorial Park

Date:	MEMORIAL STONE/GRANITE PROVIDER:	
APPLICANT/CUSTOMER DETAILS:		
SURNAME		
FIRST NAME		
I.D. NUMBER		
E-MAIL ADDRESS		
ADDRESS:		
CONTACT NUMBERS	CELL	WORK
DECEASED DETAILS		
SURNAME		
FIRST NAME/S		
DECEASED	BURIED <input type="checkbox"/>	CREMATED <input type="checkbox"/>
MEMORIAL WORK	ALTER <input type="checkbox"/>	ERECT <input type="checkbox"/>
GRAVESITE SECTION:	NUMBER:	

NOTE:

I attach hereto a sketch plan showing dimensions of the memorial work together with details of the specifications of the material to be used and the wording/inscription thereon.

I declare that the stone/granite dimensions are within the dimensions as specified in Annexure A and understand that if the memorial work is not within specified dimensions and/or if the permit fee is not paid in full, no stone/granite will be allowed to be erected.

No full memorials permitted in the Berm Section (Headstones only).

All tombstone constructions erected by Stone Masons must meet the requirements as stipulated in the Fourways Memorial Park Regulations and be within the prescribed dimensions.

NB: FOURWAYS MEMORIAL PARK ADMIN OFFICE must be notified in advance of any TOMBSTONE or PLAQUE erection, CONSTRUCTION work on Gravesites or UNVEILING CEREMONY.

In the event of unauthorized unveilings, a penalty fee will apply.

.....
SIGNATURE OF MONUMENTAL MASON/GRANITE PROVIDER

.....
SIGNATURE OF APPLICANT