



**CASHEL TOWN COUNCIL
MEMORIAL PERMIT APPLICATION**

NAME _____

ADDRESS: _____

CONTACT NUMBER: _____

LICENCE NUMBER: MONUMENTAL SCULPTOR/CONTRATOR _____

GRAVE NUMBER: _____

SECTION NO: _____ ROW NO: _____ PLOT NO: _____

NAME OF INTERRED: _____

DESCRIPTION OF WORKS: _____

SKETCH OF PROPOSED WORKS ATTACHED: YES NO

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____