

Application for Memorial Feature

| Name | |
|--|--|
| Address | |
| Postcode | |
| Telephone Number | |
| Email | |
| Type of memorial | Bench/Tree/Other (please provide details |
| Name of Person on Memorial | |
| Permission for the memorial must be requested by the next of kin and must agree to the conditions as set out in the Tickhill Town Council Green Space Memorial Policy. | |
| Name of Next of Kin | |
| Address of Next of Kin | |
| Telephone number | |
| Contact email | |
| Relationship to the person on the memorial | |
| Signature of next of kin | |
| Application forms to be emailed to | |
| clerk@tickhilltowncouncil.gov.uk | |
| The application will be forwarded to council for consideration at the next appropriate | |
| council meeting. The decisions of Tickhill Town Council will be final | |