Paisley Cemetery Company Limited Woodside Cemetery & Crematorium 46 Broomlands Street Paisley PA1 2NP Established 1845

Tel: 0141 889 2260 / 9283 Fax: 0141 848 7748

MEMORIAL APPLICATION

Date of Application: Name and Address Of Memorial Mason:			
Contact Telephone Number:		Fax Number:	
Email:			
Section:	Lair Number:		
Please report to the off	ice prior to commencing	any works within the cemetery grounds	
<u>PLEASE AUTHORISE W</u>	ORKS (DETAILS OVERL	<u>EAF):-</u>	
Section:		Lair :	
OWNERSHIP DETAILS:	<u>-</u>		
Signature of Lair Owner o representative (Required)			
recommended you have	e this carried out on a reg ections and any defects	rial is your responsibility and it is Jular basis. This memorial will also be reported regarding stability should be	
Name of Lair Owner:			
Address of Lair Owner:			
Surname on Memorial:			

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	Section:			
	A Lair:			
	Height (A):			
	Width (B):			
c	Depth (C) :			
I confirm this memorial conforms to BS8415 and appropriate industry code(s) of practice Signature of memorial mason				
Details of Works				
Inscription to Be Added:	Additional Information: i.e. Cleaning, Reerect, Remove Memorial etc.			