

NOTIFICATION OF COMPLETION OF FIXING

I have completed the installation of the following memorial at KIRBY MUXLOE CEMETERY:

Permit No:

Grave Number:

Section:

Name of grave owner:

Date:Time of completion:

I confirm that the memorial has been installed as indicated on the Application to Erect a Memorial and in compliance with NAMMs Recommended Code of Practice.

Signature

PRINT NAME AND ADDRESS OF MEMORIAL MASON

Please complete and return to:

Kirby Muxloe Parish Council
Parish Council Offices
Station Road
Kirby Muxloe
Leicester
LE9 2EN

Tel: 0116 2386408