

**KILKENNY COUNTY COUNCIL**

**APPLICATION FOR PERMISSION TO ERECT MEMORIAL/HEADSTONE  
IN A COUNTY COUNCIL BURIAL GROUND.**

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of deceased:** \_\_\_\_\_

**Name of Burial Ground:** \_\_\_\_\_

**Date of Purchase of Grave Space:** \_\_\_\_\_ **Receipt No:** \_\_\_\_\_

**Section:** \_\_\_\_\_ **Row** \_\_\_\_\_ **Space No.** \_\_\_\_\_

**Name and address of person giving instruction for the erection of the memorial/  
headstone:** \_\_\_\_\_

**State dimensions of memorial/headstone:** \_\_\_\_\_

**Foundation Type:** \_\_\_\_\_

**Brief description of memorial/headstone to be erected:**

\_\_\_\_\_  
\_\_\_\_\_

**Date of works commencement:** \_\_\_\_\_

**I declare the above details to be correct.**

**Signed:** \_\_\_\_\_

**Date :** \_\_\_\_\_

**N.B. A DRAWING OF THE MEMORIAL/HEADSTONE MUST BE  
ATTACHED TO THIS APPLICATION.**