



Application for Monumental works in cemeteries operated by Dublin Cemeteries Tru						
	Glasnevin		Dardistown			Palmerstown
	Newlands Cross		Goldenbridge			
(Blocl	« Capitals Please)					
Grave	e Details					
Grave	e Letters:	Nu	ımbers:	S	ectio	on:
Name	e and Address of Grave	Owner	:			
Relati	ionship of Client to Gra	ve Own	er:			
Name	e and Address of Client					
Client						
Monu	ment Sculptor Details	i				
	se works are sub-contr ensure that they are reg	•	•		_	out the works. You must Trust cemeteries.
Name	e of Sculptor:					
Addre	ess:					
Phon	e No:		Email: _			
Fees	to be paid: €					
	Name of Monument stor representative sign	ning:				
Signa	ture:		Date of	Applicati	on:	/ /





Please complete all relevant fields

1. Headstone (Make and Colour)
Material
Height
Width
Thickness
2. Headstone Sub-base
Material
Height
Width
3. Plinth
Material
Height
Width
4. Bottom Base
Material
Height
Width
5. Maximum height of the monument (including all of the above)





6. Kerbing
Material
Height
Thickness
7. Cover Stone
Material
Height
Thickness
8. Other works
Please indicate (renovation, cleaning etc)





Sketch of Stone	(include overall l	height), and I	nscription/Add	ditional Inscri	ption

	Overall Height
scription (or additional inscription)	