

DCC 1

Application for Monumental works in Glasnevin Trust Cemeteries

(Block Capitals Please)

Glasnevin Dardistown Palmerstown Newlands Cross

Goldenbridge

Grave Details

Grave Letters: _____ Numbers: _____ Section: _____

Name & Address of Grave Owner: _____

Relationship of Client to Grave Owner: _____

Name & Address of Client: _____

Client Phone No: _____ Client email: _____

Monument Sculptor Details

If these works are sub-contracted please state company carrying out the works. You must also ensure that they are registered to work in Glasnevin Trust Cemeteries.

Name of Sculptor: _____

Address: _____

Phone: _____ Email: _____

Fees to be paid € _____

Print

Name of Monument Sculptor representative signing: _____

Signature : _____

Date of Application _____ / ____ / _____



FOUNDED IN 1828

GLASNEVIN TRUST

DARDISTOWN
NEWLANDS CROSS

GLASNEVIN
PALMERSTOWN

GOLDENBRIDGE

INCORPORATING: CEMETERIES, CREMATORIA,
MUSEUM, HERITAGE SERVICES, FLORISTS,
MONUMENT WORKS

FINGLAS ROAD, DUBLIN 11
TEL: + 353 (01)882 6500
FAX: + 353 (01)830 1594
INFO@GLASNEVINTRUST.IE
WWW.GLASNEVINTRUST.IE

DCC 2

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 _____

Thickness _____

4. Bottom Base

Material _____

Height _____

Thickness _____

5. Kerbing

Material _____

Height _____

Thickness _____



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6. Covering Stone

Material _____

Height _____

Thickness _____

7. Other works Please Indicate (renovation, cleaning etc...) _____



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DCC 3 - Sketch of Stone and Inscription/Additional Inscription

INSCRIPTION (or Additional Inscription)

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Print name of Owner / Next of Kin

Signature
