

Stanwick Parish Council

Grave Memorial Application (installation, Inscription or other work)

Section 1 (to be completed by owner of Burial Rights)

I (full name).....

Of.....

Being the only person entitled to the exclusive right of burial in grave space numbered.....of Stanwick Cemetery request to have carried out the work detailed below.

Place and maintain a memorial: on a grave	<input type="checkbox"/>	on a cremated remains plot	<input type="checkbox"/>
Place and maintain a vase and plinth	<input type="checkbox"/>		
Place and maintain an inscription on a memorial	<input type="checkbox"/>	<i>Please tick as applicable</i>	
Place and maintain kerbstones	<input type="checkbox"/>		
Other work – please detail.	<input type="checkbox"/>		

I understand that the Exclusive Right of Burial (Grave Deed) may be required as evidence of ownership.

I understand that as grave owner I am responsible for the maintenance of the memorial after it has been installed.

I understand that the Memorial Permit will be issued for the same period as the unexpired portion of the Exclusive Right of Burial.

I accept and undertake to comply with any rules and regulations which may be in force with respect to the Cemetery and enclose the appropriate fee of £.....

Signature.....Date.....

Section 2 (to be completed by the mason)

Name and address of mason.....
.....

I confirm that the works will be carried out in full accordance with the NAMM Code of Working Practice and British Standards BS8415

I confirm that Public Liability Insurance with a minimum limit of £5 million is held and I understand that the Parish Council may require evidence of this before the work is permitted.

I confirm that a risk assessment will be carried out prior to the work in the cemetery being undertaken.

I confirm that the work will be completed in accordance with the specifications shown overleaf.

I confirm that any memorial installed, or re-installed following removal, will have a ground anchor

Relevant fixer licence number is _____

The warranty on this memorial will be valid until _____(insert date)

Signature of mason.....Date.....

This application must be completed in full and forwarded with payment to the Clerk to the Council, 29 Hill House Gardens, Stanwick, Northamptonshire NN9 6QH

A detailed drawing showing dimensions must be given here.

(A separate sheet may be used and attached to this application)

Ground anchor system used

Proposed inscription or details of other work

Full name of deceased

Dimensions: **Headstone/tablet** Height: _____ Width: _____ Thickness: _____

Dimensions: **Base** Width: _____ Depth: _____ Thickness: _____

Overall memorial size including headstone & base from ground level Height: _____ Width: _____

Dimension: Kerbstone Foundation Length _____ Width _____

Memorial material (including Kerb infill) _____

Please refer to the separate guidance for the permissible maximum memorial dimensions

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