



## Cemetery memorial application form

Please mark the relevant box:

NEW MEMORIAL	<input type="checkbox"/>	ADDITIONAL INSCRIPTION	<input type="checkbox"/>	REFURBISHMENT - INFO ONLY	<input type="checkbox"/>
NEW PLAQUE	<input type="checkbox"/>				

### SECTION A

(To be completed before submission for approval of any new or changed memorials including inscriptions, cleaning, and resetting.)

**IMPORTANT NOTE:** By completing this application both Applicant and Purchaser confirm they have read and agree to comply with the Cemetery Rules & Regulations shown on the reverse of this page.

Name of Company:	<input type="text"/>	Applicant:	<input type="text"/>
Street Address:	<input type="text"/>	Email:	<input type="text"/>
Town & Post Code:	<input type="text"/>	Cemetery:	<input type="text"/>
Telephone Number:	<input type="text"/>	Date:	<input type="text"/>

Deceased Name and Date of Death:

- 1) All memorials that are installed or reinstalled must be by the industry standard using the NAMM code of practice and BS8415.
- 2) Memorial Masons must book an appointment to install or work on memorials in our cemeteries to arrange this please ring the telephone number at the top of this form.
- 3) Grave space number must appear on the reverse of the memorial.
- 4) Insert: Sketch of proposed memorial with dimensions – materials to be used – Colour – Ground Fixings etc.
- 5) Please see our Memorial Policy & Regulations 2021 for further guidance.



SECTION B

Full Name & Address of Purchaser – Exclusive Rights of Burial – Copy Attached YES / NO *	
Proposed Inscription:	
Signature of Ex Rights Holder :	Telephone Number:
Cemetery:	Grave No:
*Evidence of EROB (i.e. Statutory Declaration)	

Version	Date Approved	Amendments Made	Next Review Date
V1	August 2021		11/04/2022
V2	19/04/2022		11/04/2022
V3	April 2023		April 2024