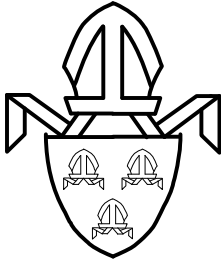


APPLICATION FOR PERMISSION
TO ERECT MEMORIAL

Name of Deceased	
Date received	
Memorial Mason	
Family Contact	
Approval Date	
Fee received	£



CHURCH OF _____

APPLICATION FOR PERMISSION
TO INTRODUCE MEMORIAL IN THE CHURCHYARD

Please read carefully

Full names and addresses of Applicant(s)	Relationship of Applicant to Deceased
Full name of deceased :	
Date of death of deceased :	
<u>DETAILS OF MEMORIAL</u> – <i>to be completed by Memorial Mason</i>	
Type of Memorial :	
Type colour and finish of stone :	
Design/shape :	
<i>NB A scale drawing - not less than 2.5 cm = 25 cm - of the memorial must be provided</i>	

TO BE ANSWERED BY MEMORIAL MASON

<u>DIMENSIONS OF MEMORIAL</u>	
Please use metric measurements	
Plate : Maximum height measured from ground surface -	
Maximum width -	Thickness -
Minimum width -	
Plinth : Maximum height above ground surface	
Maximum width _____	Depth _____
Distance between front of plate and front edge of plinth _____	
Foundation : <i>please insert material and dimensions</i> _____	
NB The foundation must not project above ground level and should be covered by soil	
Dimensions and shape of cremated remains tablet _____	
<u>Proposed Inscription</u>	
<i>Is the lettering to be coloured painted or gilded - if so, please give details</i>	
<i>What is the proposed style of lettering</i>	
<i>Please provide the exact wording of the proposed inscription</i>	
<i>Please provide details of any ornamentation</i>	

To be completed by Applicants

I/We the Applicants confirm and agree as follows:

1. *I/We understand that I am/we are the owners of the memorial and are responsible for its security and safety*
2. *I/We have read and understand the Churchyard Regulations and will comply with them. We consent to and authorise the removal of anything introduced placed or planted on the grave or the memorial which has not been previously approved in writing in accordance with the Churchyard Regulations.*
3. *I/We understand and agree that if the memorial becomes insecure and unsafe the memorial may be laid flat immediately in order to avoid the risk of injury and damage*
4. *Our representative for future contact regarding the memorial – who will notify you of any change of address – is:*

(Insert name and address of contact person)

5. *If our nominated representative is no longer able to carry out this role, we shall nominate a new representative for future contact.*
6. *Our representative will contact the Church in five years time to check the safety of the memorial*
7. *We consent to our names and addresses being recorded in the Church records (paper filing system or electronic database) for these purposes*

Signature(s) of Applicant(s)

To be completed by Memorial Mason

FULL NAME AND ADDRESS
Including postcode

TELEPHONE AND FAX NUMBERS

Email address

Full name of person completing form

We undertake that the memorial will be strictly in accordance with the details provided on this form

We undertake that the memorial will comply with the Churchyard Regulations

We undertake that the memorial will be constructed and installed in accordance with the current edition of the Code of Working Practice of NAMM and British Standard BS 8415

We agree to indemnify the Incumbent and Churchwardens and the Parochial Church Council against any liability that may arise out of any failure on our part to construct and install the memorial in accordance with the current edition of the Code of Working Practice of NAMM and British Standard BS 8415

SIGNATURE OF AUTHORISED PERSON

Full Name of Signatory(IN BLOCK)

Date