

BURES JOINT CEMETERY AUTHORITY
APPLICATION TO ERECT A MEMORIAL

We do not allow third party memorial masons to produce memorials. Each memorial must be produced and fixed by the named memorial mason on this form; who must be NAMM and / or BRAMM registered. For a list of suitable memorial masons go to www.nammregister.org.uk and or www.bramm-uk.org/find-masons/

***Please complete all relevant areas of this application.**

Exclusive Rights No:-	Block No:-	Grave No:-
------------------------------	-------------------	-------------------

Grave Number must be inscribed on the bank of the memorial base plate for any new memorial. If any new work is taking place on an existing memorial and there is no grave number, the grave number must be inscribed on that memorial.

This is a requirement of our cemetery regulations. Please tick to confirm that you will include the grave number on the memorial.

To be read and signed by the memorial mason carrying out the work:

I have been instructed to carry out the memorial work, a full description, including materials, dimensions, inscriptions and fixing methods are submitted along with a clear sketch or illustration of the memorial and the proposed inscription.

Memorial

Overall Height:
(Including Base)
Width:
Depth:

Base

Height:
Width:
Depth:

Foundation (MUST NOT EXCEED 18"X18")

Height:
Width:
Depth:

Type of Stone..... Method of Fixing..... Date of Erection.....

The applicant has approved these. All work I complete will be accordance with the Cemeteries regulations and meet NAMM's Code of Working Practice (2003 or any later version) and BRAMM's requirement of BS 8415 for installation.

- I agree to be responsible and pay for any damage to the Cemetery property or to the surrounding memorial, turf etc, caused by negligence of myself, my workmen and/or any sub-contractor employed by me.
- I have Public Liability insurance to the value of £5,000,000.
- I agree to remove all unused materials/rubbish and leave the area in a neat and tidy state.
- I will not work while a funeral is in progress.
- I will advise my client that insurance is available and will only display a trade name on the memorial if the applicant gives his/her permission.

I understand (Mason), hereby make application for consent to:

Erect a new memorial	Renovate or repair existing memorial
Erect a tablet or vase	Add an additional Inscription to existing memorial

Stonemason's Name:*

Address:

Telephone Number:

Signature:

Date:

To be read by the owner of the Exclusive Rights to the grave:

If the owner of the Exclusive Rights to the grave is deceased, the ownership must be transferred before this application can be approved.

- I understand that I am responsible for the cost of erecting and maintaining the memorial.
- Should the memorial fall into a state of disrepair, or become a hazard to health and safety, the Council has the right to remove the memorial from the grave and I will be responsible for any expense incurred: such work may be carried out without me receiving prior notice.
- I will inform the Council office of any change of name or address.
- I understand the memorial may need to be covered/moved and replaced, by Cemetery Staff to gain access to prepare a grave.
- I understand it is my responsibility to have insurance for the lifetime of the memorial.

I, the undersigned hereby consent to the execution of the work:

Full name of registered Exclusive Rights owner of the grave:

Address:

Postcode:

Signature:

Date:

Council Office Use:

Memorial and/or inscription approved.

Signed..... Clerk/RFO to Bures Joint Cemetery Authority

Date:.....

Exclusive Rights owner verified