

Stamford Cemetery

Application for Approval of Cleaning a Memorial

This form is to be completed **IN FULL** by the company and signed by **ALL** grave owners before the works are considered. Any incomplete forms will be returned without notice. Please read the notes before submitting. Please send the completed form to address / email below. Once received, and permission is approved the Memorial Cleaning Permit will be supplied, this permission can take up to 6 weeks for the approval to be issued.

Details of the Deceased(s) in the Grave

Full Name _____
Grave number: _____ Grant number: _____

To be read and signed by the Memorial Mason carrying out the work:

I have been instructed to carry out the memorial cleaning work. A valid Public Liability insurance certificate, COSHH sheets for the chemicals to be used, Risk Assessment for the work to be carried out, Safe Systems of Work policy is submitted with this form: the applicant has seen and approved these.

- I agree to be responsible for and pay any damage to Cemetery property, to the Memorial and to surrounding memorial, turf etc, caused by negligence of myself, my workmen and /or any subcontractor employed by me.
- I have Public Liability insurance to the value of £5,000,000. (please supply certificate)
- 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 hereby indemnify Stamford Town Council and all its officers and servants from any liability whatsoever in this matter or arising thereof. I hereby declare to be legally bound by the Rules and Regulations and any further amendments as result of legislative changes. I am aware of the Council's Privacy Notice for Bereavement Services.

Work must not commence until approval has been granted by the Town Council.

Company's name _____

Full address & Postcode _____

Telephone _____ Email _____

Signature _____ Date _____

To be read and signed by the Grave Owner

If the grave owner is deceased, the ownership must be transferred before this application can be submitted and approved for a new memorial.

- 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 & 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 have to be carried out without me receiving prior notice
- I will inform the Town Hall of any change of name or address
- I understand that 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 responsibly to have insurance for the lifetime of the memorial.
- I hereby indemnify Stamford Town Council and all its officers and servants from any liability whatsoever in this matter or arising thereof. I hereby declare that as the registered owner to be legally bound by the Rules and Regulations and any further amendments as result of legislative changes. I have been made aware of the Council's Privacy Notice for Bereavement Services.

To Be completed by the registered owner (For additional owners please complete Appendix A)

I, the undersigned hereby consent to the execution of the work, and I hereby indemnify Stamford Town Council and all its officers and servants from any liability whatsoever in this matter or arising thereof. I hereby declare that as the registered owner to be legally bound by the Rules and Regulations and any further amendments as result of legislative changes. I am aware of the Council's Privacy Notice for Bereavement Services.

I, Title _____ Full Name _____
 Of, Address _____
 _____ Postcode _____
 Telephone _____ Email _____
 Signature _____ Date _____

FOR OFFICE USE ONLY	
Grave Section Number	Grant of Number
Cleaning Memorial Number	
Meets Regulations APPROVED <input type="checkbox"/>	Does not meet Regulations DECLINED <input type="checkbox"/>

Approved: STC 28th February 2023

