



Memorial Permit Application Form

This Memorial Application form must be delivered to Bereavement Services Office, Town Hall, St Mary's Hill, Stamford, PE9 2DR or via email to bereavement.services@stamfordtowncouncil.gov.uk BEFORE any installation.

This form must be completed in **BLOCK CAPITALS** in Ink and be fully and accurately stated.

- Section 1 is to be completed by the appointed Memorial Mason
- Section 2 is to be completed and signed by the owner(s) of the Grant of Deed of Exclusive Right of Burial (if more than one owner, all owners must complete Section 2 separately)

An application is required for all proposed memorial works at Stamford Cemetery.

Please note this form constitutes an application only and no works shall be undertaken until the Memorial Permit is granted by Stamford Town Council, this permission can take **up to 6 weeks** for the approval to be issued.

Stamford Town Council shall not be held responsible for any losses incurred for works to a memorial that wer not approved.

Section 1				
Details of the Deceased				
Deceased Details: TitleFull Nan	ne			
Details of Grave				
Grave Section R	low (if applicable)Nur	nber		
Grant Number				
Proposed work to be undertake	en.			
Proposed Memorial (please select)				
New Headstone \square Replacement of Existing Memorial \square Commemoration only \square	New Tablet □ Additional Inscription □	New Vase □ Renovation/Repair □		
Particulars of appointed Memorial M	Aason			
Mason's name Full address & Postcode				
Telephone				
BRAMM/NAMM reg number		A		







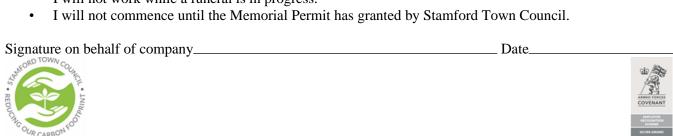
Description of proposed Memorial

(A photograph or drawing to scale of the proposed memorial is to be shown here. If necessary, please supply this information on a separate sheet attached to this application)

Memorial Design	Inscription	
	<u> </u>	
HEADSTONE: Width:		
HEADSTONE BASE: Width:FOUNDATION: Width:		
BEARER SLAB Width:	Thickness:	
NB: The exact dimensions of the proposed		case. You must specify the dimension in
relation to the drawing of the memorial an	d include your method of fixing.	
Memorial material to be used		
Method/colouring of lettering e.g. cut/ gild		
Grave number must be inscribed: on the le aking place on an existing memorial and t		
hat memorial. This a requirement of our C		e number must be inscribed (as above) on
and memorial. This a requirement of our C	semetery rule to regulations.	
Please tick to confirm that you will include	e the grave number on the back of	the memorial
Γο be read and signed by the M		

I have been instructed to carry out the memorial work, a full description, including materials, dimensions, inscriptions and fixing methods, is submitted with this form: the applicant has seen and approved these. All work I complete will be in accordance with the Cemeteries regulations by a BRAMM or NAMM registered stonemason and meet the requirement of BS 8415 for installation i.e., BRAMM Blue Book & NAMM Code of Working Practice (please supply certificate)

- I agree to be responsible for and pay any damage to Cemetery property or 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 have a Fixers License (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.





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, Title	Full Name
Of, Address_	
	Postcode
Telephone	Email
by the appoin and servants any such won relevant Cem memorial in of damage on I understand	gistered owner of the above stated grave, do hereby give consent for the specified works to be undertaken at the stonemason in the above grave space. I hereby indemnify Stamford Town Council and all its officers from any liability, claims or demands that may be made at any time in connection with, or arising out of the sets being undertaken. Additionally, I confirm that I have read, understood and agree to comply with the neteries Regulations and any future revisions, and I understand that it is my sole responsibility to keep the a good safe condition, even if vandalised. I am aware that I can obtain insurance for this memorial in case wandalism. I confirm that no unauthorised items will be placed on the grave. That consent may be withdrawn as a result of failure to comply with the Cemeteries Regulations, or as a curate or misleading information included in this application.
Signature	Date

If you require additional own	ners, please copy this page	e and include with the completed
	form.	

FOR OFFICE USE ONLY			
Grave Section Number	Receipt/Invoice No		
Grant of Number	Financial Year		
Memorial Number	Fee		
Date Paid	Payment Type		
Meets Regulations APPROVED □	Does not meet Regulations DECLINED □		

Approved: STC 28th February 2023



