

Appendix A – Memorial Cleaning Form

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 _____

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

