

Stamford Cemetery

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: Title _____ Full Name _____

Details of Grave

Grave Section _____ Row *(if applicable)* _____ Number _____

Grant Number _____

Proposed work to be undertaken.

Proposed Memorial (please select)

- | | | |
|---|---|--|
| New Headstone <input type="checkbox"/> | New Tablet <input type="checkbox"/> | New Vase <input type="checkbox"/> |
| Replacement of Existing Memorial <input type="checkbox"/> | Additional Inscription <input type="checkbox"/> | Renovation/Repair <input type="checkbox"/> |
| Commemoration only <input type="checkbox"/> | | |

Particulars of appointed Memorial Mason

Mason's name _____

Full address & Postcode _____

Telephone _____ Email _____

BRAMM/NAMM reg number _____



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

HEADSTONE: Width: _____ Thickness: _____ Height: _____
 HEADSTONE BASE: Width: _____ Thickness: _____ Depth: _____
 FOUNDATION: Width: _____ Thickness: _____ Depth: _____
 BEARER SLAB Width: _____ Thickness: _____ Depth: _____

NB: The exact dimensions of the proposed memorial must be given in every case. You must specify the dimension in relation to the drawing of the memorial and include your method of fixing.

Memorial material to be used. _____
 Method/colouring of lettering e.g. cut/ gilded etc. _____

Grave number must be inscribed: on the left-hand side of the memorial base 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 (as above) on that memorial. This a requirement of our Cemetery rule & regulations.

Please tick to confirm that you will include the grave number on the back of 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, 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.
- I will not commence until the Memorial Permit has granted by Stamford Town Council.

Signature on behalf of company _____ Date _____



Section 2

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 _____

Being the registered owner of the above stated grave, do hereby give consent for the specified works to be undertaken by the appointed stonemason in the above grave space. I hereby indemnify Stamford Town Council and all its officers and servants from any liability, claims or demands that may be made at any time in connection with, or arising out of any such works being undertaken. Additionally, I confirm that I have read, understood and agree to comply with the relevant Cemeteries Regulations and any future revisions, and I understand that it is my sole responsibility to keep the memorial in a good safe condition, even if vandalised. I am aware that I can obtain insurance for this memorial in case of damage or vandalism. I confirm that no unauthorised items will be placed on the grave.

I understand that consent may be withdrawn as a result of failure to comply with the Cemeteries Regulations, or as a result of inaccurate or misleading information included in this application.

Signature _____ Date _____

If you require additional owners, please copy this page 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 <input type="checkbox"/>	Does not meet Regulations DECLINED <input type="checkbox"/>

Approved: STC 28th February 2023