**MEMORIAL PERMIT APPLICATION FORM**

This application form is to be emailed to cemetery@waretowncouncil.gov.uk by the stonemason. An invoice for payment will be generated on receipt of a correctly received application. See the Schedule of Fees on our website for confirmation of the most current memorial fees.

**APPLICANT PROVIDED DETAILS – Section A**

**Name of Registered Grave Owner** ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Only the registered grave owner can apply to install or make changes to a memorial).*

**Applicant Physical Address** ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Email Address** ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Given Name of the Deceased** ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exclusive Rights of Burial Deed #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grave Space #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Death** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Burial** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Signature of Grave Owner** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** Click or tap to enter a date.

**STONEMASON PARTICULARS – Section B**

**Registered Company Name / Name of Stonemason** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registered Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BRAMM Registration #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NAMM Registration #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We declare that our memorial installations comply with:**

* **British Standard 8415** Yes [ ]  No [ ]
* **The National Association of Memorial Masons (NAMM) code of practice** Yes [ ]  No [ ]

**We declare that we are an accredited mason under the BRAMM scheme or equivalent.** Yes [ ]  No [ ]

**We confirm that we hold Public Liability insurance that covers these proposed works** Yes [ ]  No [ ]

**Physical Signature of Stonemason** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMORIAL APPLICATION SPECIFICS – Section C**

**Application Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Application Made By** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Internal Application Reference #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Indicate Application Type Below:*

**New Memorial** [ ]  **Additional Inscription** [ ]  **Repairing Existing Memorial** [ ]

**Type of Memorial** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Memorial Material** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Memorial Colour** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Anchor Method** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To complete this application, please provide a design drawing, including exact dimensions of the memorial and the proposed inscription. Is this provided in attachment?Yes [ ]