## **Ware Town Council**

The Priory, High Street, Ware, Hertfordshire, SG12 9AL 01920 460316 info@waretowncouncil.gov.uk



## **MEMORIAL PERMIT APPLICATION FORM**

This application form is to be emailed to <a href="mailto:cemetery@waretowncouncil.gov.uk">cemetery@waretowncouncil.gov.uk</a> 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 Baristanad Corne Comer	
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	<del></del>
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	
STONEMASON PARTICULARS – Section B	
Registered Company Name / Name of Stonemason	
Registered Address	
BRAMM Registration # NAMM Registration #	
We declare that our memorial installations comply with:	
<ul> <li>British Standard 8415</li> <li>The National Association of Memorial Masons (NAMM) code of practice</li> </ul>	Yes □ No □ Yes □ No □
- The National Association of Memorial Masons (NAMM) code of practice	Tes 🗆 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	norial 🗆
Type of Memorial Memorial Material	
//emorial 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 □	