

REF

Receipt No:

FEE

Whitchurch Cemetery

Memorial Application TO BE COMPLETED BY THE PLOT OWNER

Name: (plot owner) _____

Address: _____

Post Code: _____ Email address: _____

Telephone: _____ Mobile: _____

I do solemnly declare that I own the Exclusive Rights of Burial in plot no.: _____ in Whitchurch Cemetery, and require permission from Whitchurch Town Council to carry out the work detailed below. I understand that the Exclusive Right of Burial (Deed of Grant) is required as proof evidence of ownership and I will produce these when submitting this application. I also understand that kerbstones or separate vases are not allowed in the cemetery. Please grant permission to carry out the work detailed on this memorial application in the plot shown above.

Signature: (plot owner) _____ Date: _____

PLEASE NOTE THAT THE PROPOSED MEMORAIL DEIMENSIONS MUST NOT EXCEED WHITHCURCH CEMETERY'S MEMORIAL SIZE REGULATIONS, WHICH ARE AVAILABLE FROM THE WEBSITE OR FROM THE CLERK

I would like to install and maintain a memorial	
I would like to remove and replace an existing memorial	

* Please tick an appropriate box

I have attached a detailed illustration specifying the proposed:

- Dimensions (height, width and depth of headstone, base and foundation)
- NAMM or BRAMM approved fixing method in accordance with BS8415 and NAMM Code of Working Practice
- Type/s of material and finish
- Colour/s and/or pictures

PLEASE NOTE THAT ALL MEMORIALS MUST INCLUDE THE PLOT NUMBER ON THE BACK IN A PROMINENT POSITION

Full name of deceased: _____

Proposed Memorial Inscription and Design:

Inscription	Design

Material to be used in construction (marble, Granite etc) _____

Memorial	Height	Width	Thickness
Headstone			
Base			
Foundation			

Mason: _____

Company Fixer: _____

Company: _____

Address: _____

_____ Post Code: _____

Telephone number: _____ Business Registration Number: _____

Email: _____

I confirm that:

- The above works will be carried out in full accordance with the current version of the NAMM Code of Working Practice and BS8415
- The Fixer agrees to produce a current NAMM or BRAMM Fixer Licence upon request
- I will give Whitchurch Town Council at least one week's notice before the date on which the work will be carried out
- I understand all works must be carried out to the satisfaction of Whitchurch Town Council
- I understand that Whitchurch Town Council reserves the right to remove any memorial, which has been installed without prior approval

Signature of Fixer: _____ Date: _____

Signature of Mason: _____ Date: _____

NB THIS MEMORIAL APPLICATION CANNOT BE PROCESSED WITHOUT:

- **FULL PAYMENT**
- **MEMORIAL SPECIFICATIONS**
- **DEED OF GRANT**
- **CURRENT FIXERS LICENCE**

Whitchurch Cemetery

Town Clerk, Whitchurch Town Council, Civic Centre, High Street, Whitchurch SY13 1AX
Tel 01948 665761

Memorial Application Approval

On behalf of Whitchurch Town Council, the undersigned grants permission for the memorial application of:

(name of the deceased) _____,

subject to the conditions now in force governing the erection of memorials and engraving of inscriptions in cemeteries.

Receipt Number: _____

Signature: _____

Position: _____

Date: _____

This permission is valid for a period of two calendar months from the date of issue. Please note that you are required to provide one-week notice prior to the date on which you propose to carry out the work in the cemetery.

This application should be completed in full and sent with the correct payment to:

Town Clerk
Whitchurch Cemetery
Civic Centre, High Street
Whitchurch
Shropshire SY13 1AX
Telephone: 01948 665761 Email: clerk@whitchurchcouncil.uk