



## APPLICATION FOR PERMISSION TO ERECT A COMPLIANT MEMORIAL

### For Parish Use Only:

Name of Deceased:	
Plot Number:	
Date received:	
Memorial Mason:	
Family Contact:	
Approved / Rejected:	
Approval / Rejection Date:	
Fee received:	£

## APPLICATION FOR PERMISSION TO INTRODUCE MEMORIAL IN THE CHURCHYARD

**PARISH:** \_\_\_\_\_ **CHURCH:** \_\_\_\_\_

<b>TO BE COMPLETED BY THE APPLICANT(S)</b>			
Full name of Deceased:			
Date of death of Deceased:			
<b>Details of each applicant:</b>			
(1) Name:		Relationship to Deceased:	
Address:			
Tel No:		Email:	
(2) Name:		Relationship to Deceased:	
Address:			
Tel No:		Email:	
(3) Name:		Relationship to Deceased:	
Address:			
Tel No:		Email:	
(4) Name:		Relationship to Deceased:	
Address:			
Tel No:		Email:	

## TO BE COMPLETED BY THE MEMORIAL MASON

### Details of Memorial

Plot Number / Location:

Type of Memorial:

Type, colour and finish of stone:

Design/shape:

NB A scale drawing - not less than 2.5 cm = 25 cm - of the memorial must be provided

### Dimensions of Memorial

Please use metric measurements

**Plate:**

Maximum Height - measured from ground surface:

cm

Maximum width:

cm

Maximum thickness:

cm

Minimum width:

cm

**Plinth:**

Maximum height from ground surface:

cm

Maximum width:

cm

Maximum depth:

cm

Distance between front of plate and front edge of plinth:

cm

Foundation please insert dimensions:

cm

**The foundation must not project above ground level and should be covered by soil**

### Cremated remains tablet

Dimensions:

cm

Shape:

### Proposed Inscription

**Is the lettering to be:**

Coloured - give details:

Painted - give details:

Gilded - give details:

Other - give details:  
(ie natural / raised / lead)

**Proposed style of lettering:**

**TO BE COMPLETED BY THE MEMORIAL MASON**

**Exact wording of the proposed inscription:**


**Details of any proposed ornamentation:**

eg Carvings, emblems, insignia, moulded effects to be shown on the memorial.  
This should be shown correctly on the scale plan of the memorial to be provided


**TO BE COMPLETED BY THE APPLICANT(S)**

**I / We the Applicant(s) confirm and agree as follows:**

1. I / We understand that I am / we are the owners of the memorial and are responsible for its security and safety.
2. I / We have read and understand the Diocesan Churchyard Regulations and will comply with them. I / We consent to and authorise the removal of anything introduced, placed or planted on the grave or the memorial which has not been previously approved in writing in accordance with the Churchyard Regulations
3. I / We understand and agree that if the memorial becomes insecure and unsafe the memorial may be laid flat immediately in order to avoid the risk of injury and damage and if necessary removed to a safe place.
4. Our representative for future contact regarding the memorial – who will notify you of any change of address is:  
  

Insert name and address of contact person
5. If our nominated representative is no longer able to carry out this role, we shall nominate a new representative for future contact.
6. Our representative will contact the Church in five years time to check the safety of the memorial.
7. I / We confirm that all relevant parties (including family members, next of kin of the deceased and those who have paid for the headstone) are in agreement with the particulars as detailed on this form.
8. I / We understand that the memorial should not be erected within 6 months of the burial to allow for ground settlement. Due care and attention must be taken of local soil conditions.
9. We consent to our names and addresses being recorded in the Church records (paper filing system or electronic database) for these purposes.

**Signature(s) of Applicants(s):**

(1)	(2)
(3)	(4)

**TO BE COMPLETED BY MEMORIAL MASON**

**IMPORTANT:**

**WORK SHOULD NOT COMMENCE ON HEADSTONE UNTIL YOU RECEIVE  
CONFIRMATION OF APPROVAL IN WRITING FROM THE PARISH**

Full name:

Address:

(incl postcode)

Telephone and Fax Numbers:

Email address:

Full name of person completing  
form

We are members of NAMM:

Yes

No

We undertake that the memorial will be strictly in accordance with the details provided on this form

We undertake that the memorial will comply with the Churchyard Regulations

We undertake that the memorial will be constructed and installed in accordance with the current edition of the Code of Working Practice of NAMM and British Standard BS 8415

We agree to indemnify the Incumbent and Churchwardens and the Parochial Church Council against any liability that may arise out of any failure on our part to construct and install the memorial in accordance with the current edition of the Code of Working Practice of NAMM and British Standard BS 8415

**Signature of Authorised Person**

Signature:

Full Name of Signatory:  
(Please print)

Date:

**FOR PARISH USE ONLY**

**Application Approved**

**Approved by:**

Signature:

Full name of Signatory:  
(please print)

Position:

Date:

Fee Payable:

Fee Paid:

**Application Refused**

Reason for refusal:

Signature:

Full Name of Signatory:  
(Please print)

Date: