

# MEMORIAL APPLICATION FORM

## Blackpool Council

Cemeteries & Crematorium Office,  
Stocks Road,  
Blackpool,  
FY6 7QS

Tel (01253) 882541  
Fax (01253) 899011

OFFICE USE ONLY	
Fees	
Burial/Crem Number	
Permit No	
Issue Date	
Entered on BACAS	
Invoice No	
Rect. No	
Date	

Cemetery  Section  Grave No

Crematorium Memorial Location Section  Number

FULL NAME of deceased

FULL NAME of grave owner (or Applicant for burial if owner deceased)

ADDRESS

I, being the person entitled to the Exclusive Right of Burial in the above mentioned grave, apply for permission for the memorial works described overleaf to be carried out subject to the Rules for management of the Cemeteries and Crematorium. The right for which I apply is based solely on the exclusive right of burial in the grave and I hereby certify the application is correct.

I hereby indemnify Blackpool Council in respect of any claims or demands that may be made at any time in connection with or arising out of any such works being undertaken. I understand that the safe erection and maintenance of the memorial is my responsibility and that all memorials are permitted into a cemetery at the sole risk of the owner.

The Authority shall not be held responsible for memorials damaged through any cause and I can confirm that the Monumental Mason has given me advice regarding the purchase of an appropriate insurance for the memorial.

SIGNED by Applicant  Dated

MONUMENTAL MASON

ADDRESS

Tel No

FOR LAWNED GRAVE SECTIONS **ONLY** THIS SECTION MUST BE COMPLETED AS WELL

I acknowledge that the grave space must not be planted with any plants or shrubs nor any article placed on the area and that it will be turfed flat. If any articles are found on the grave I understand that these will be removed immediately without prior notice.

SIGNED by Applicant

## DESCRIPTION OF APPLICATION

Erect A memorial  Additional Inscription  Vase  Fee £

For all others please state

Please state here if this is a replacement memorial Yes  No

Type of Memorial and Material Used

The following to be completed in **ALL CASES** where a new/replacement memorial is being fixed.  
**IF NOT FULLY COMPLETED, APPLICATION WILL BE REJECTED**

Fixing method to be Used (ie Nettlebank, CCA, etc.)  Fixing Plate to Base  Dowels  Bolting

Size of Dowels  Material

Height (from runner to top of memorial)  Width  Depth

### DIAGRAM

Show full dimensions (front and side elevations), to include Terrazzo foundation, memorial base and memorial, and any ornaments.

### INSCRIPTION

Exactly as it will appear on the Headstone/Plaque etc. **Any alterations must be notified to the office immediately.**

**A COUNCIL OFFICER WILL MAKE RANDOM CHECKS TO ENSURE THAT MEMORIAL FIXING IS TO NAMM STANDARDS, THAT THE MEMORIAL MASON IS REGISTERED WITH BRAMM AND THE MEMORIAL MASON HAS A BRAMM FIXER'S LICENCE IN HIS POSSESSION BEFORE ENTERING THE CEMETERY TO CARRY OUT WORK.**

### To be completed by the Monumental Mason carrying out the work

I have been instructed to carry out the above work in accordance with the Council's regulations. I agree to be responsible and to pay for any damage to THE Council property or to surrounding memorials, turf etc, caused by the negligence of myself, my workmen or any subcontractor employed by me. I agree to remove all unused materials and rubbish and leave the area in a tidy state.

BRAMM Business Accreditation No: B007

BRAMM Fixer's Licence Nos:  
BLF007 (B Stevenson) FLF008 (J Stevenson)

Signed

Dated