

Grave Memorial Application To Cemetery Registrar

Rossendale Council, the Business Centre, Futures Park, Bacup OL13 0BB

Cemetery _____ Grave no: _____ Section _____

I _____ (your full name)

of _____

hereby apply for the right to:

Place and maintain a memorial (tick as applicable)

Place and maintain a vase and plinth/tablet

Place and maintain an additional inscription on a memorial

- I enclose the Exclusive Right of Burial (Grave Deed) / Statutory Declaration as evidence of ownership.
- I understand that the memorial to which this application applies remains in the cemetery entirely at my risk. I agree that, at the Council's request, the Mason may dismantle and re-fix the memorial to demonstrate compliance with the Council's fixing standards.

We advise that you take out insurance for the memorial. The memorial remains the responsibility of the owner.

Signature: _____ Date: _____

This form must be signed by the person to whom the right of burial has been granted, i.e. the registered grave owner; if the registered owner is deceased the signature must be that of the Executor or Administrator or failing that, the next of kin.

In this case please state your relationship to the registered owner _____

Mason's _____

Name _____

Mason's Address _____

Telephone No _____

BRAMM registration No _____

No work shall be commenced before written approval has been granted and all fees paid to the Cemetery Office. Details of fees for Masons are available on request. The work must be carried out to the satisfaction of the Registrar. Your attention is drawn to Rossendale Cemetery Rules and Regulations regarding the types of memorial permitted.

Please return the completed form to the above address

Details of work

Applications for approval must be forwarded to the Cemetery Registrar at the Rossendale Council on the Council's official form, and must accompany a drawing of the proposed memorial showing the design and dimension in figures and all clamps, dowels, tongue pins and other fastenings, together with a specification of the material of which the memorial is to be constructed. A copy of all inscriptions to be cut on the memorial shall be sent with the drawing.

Inscription: _____

Drawing:

For Official use:

Received _____ Receipt No _____

Amount Paid _____

Signature _____ Date _____