

MEMORIAL APPLICATION FORM



Cemetery and Bereavement Services
Wyre Civic Centre
Breck Road
Poulton-le-Fylde
FY6 7PU

Tel: (01253) 887662
Fax: (01253) 899000
Email: wyrebc.gov.uk

OFFICE USE ONLY	
Fees:	
Receipt No:	
Date:	
Permit No:	
Entered on BACS:	
Approved:	
Rejected:	
Inspected:	

Cemetery: Section: Grave No:

FULL NAME of deceased:

FULL NAME of grave owner:

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 Cemeteries. 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 Wyre Borough 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:

Telephone Number:

**THIS SECTION MUST BE AGREED AND SIGNED BY THE APPLICANT.
ALL WYRE CEMETERIES ARE LAWNED.**

I acknowledge that the grave space must not contain any other items other than plants or shrubs within the 15" in front of the memorial. 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	<input type="checkbox"/>	Additional Inscription	<input type="checkbox"/>	Vase	<input type="checkbox"/>	Fee £	<input type="checkbox"/>
For all Others Please State:	<input type="text"/>						
Please state here if this is a replacement memorial	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Type of Memorial and Material Used	<input type="text"/>						
The following to be completed in ALL CASES where a new/replacement memorial is being fixed.							
Fixed Methods to be Used	<input type="text"/>	Fixing Plate to Base:	Dowels	<input type="checkbox"/>	Bolting	<input type="checkbox"/>	
Size of Dowles:	<input type="text"/>	mm	Material:	<input type="text"/>			
Height:	<input type="text"/>	Width:	<input type="text"/>	Depth:	<input type="text"/>		
DIAGRAM: Showing fully dimensioned front and side elevations including base, foundation and any ornaments.				INSCRIPTION: Exactly as it will appear on the Headstone/Plaque etc. Any alterations must be notified to the Office immediately.			

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 the unused materials and rubbish and leave the area in a tidy state.

Signed:

Dated: