

# Memorial Permit Application

A permit is required for **all** memorial works in a cemetery  
Any works carried out without a permit will be removed

## SECTION 1: DETAILS OF GRAVE

Cemetery Section	Grave Number	Deed of Grant Number

## SECTION 2: DETAILS OF APPLICANT

<b>Full name of applicant:</b>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Mr <input type="checkbox"/>	Other:
<b>Address:</b>					
<b>Postcode:</b>		<b>Email:</b>			
<b>Telephone:</b>					

## DECLARATION BY APPLICANT (Tick as appropriate)

- A. **I AM/WE ARE** the registered owner(s) of the Exclusive Rights of Burial as recorded on the Deed of Grant and hereby apply for a memorial permit to be issued subject to the regulations of Watchet Town Council.
- B. **I AM NOT** the registered owner of the Exclusive Rights of Burial as recorded on the Deed of Grant. I have read the 'Grave Ownership and Deed Transferal' leaflet provided by Watchet Town Council, and attach the correct evidence required to this application.
- C. **I AM NOT** the registered owner of the Exclusive Rights of Burial as recorded on the Deed of Grant. I am a relative of the person buried in the grave but it is impractical for me to trace the rightful owner and I hereby apply for a memorial permit to be issued to place and maintain, or add an inscription on a memorial to the grave. I further declare that should the rightful owner be traced I agree to remove the memorial at my expense if requested (New headstone placements only). I have completed and signed a 'Statutory Declaration' in the presence of a Magistrate or Commissioner of Oaths.

I/we understand that I/we are responsible for the maintenance of the memorial and that the council may take any action they deem necessary should the memorial become unsafe or dilapidated. I/we also understand that the memorial may be removed temporarily to allow burials in adjacent graves of this grave. I have received a copy of the Cemetery Regulations Policy.

**Signature(s):**

**Date:**

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## SECTION 3: DETAILS OF MEMORIAL MASON

Name of Memorial Mason

Full address including postcode:

NAMM/BRAMM Registration Number:

Telephone:

Email:

## SECTION 4: DETAILS OF MEMORIAL WORKS

1. MEMORIAL PERMIT TYPE (Tick as appropriate)

NEW HEADSTONE (Grave) <input type="checkbox"/>	NEW HEADSTONE (Cremation Plot) <input type="checkbox"/>	NEW ASHES VAULT (Memorial Plot) <input type="checkbox"/>
NEW STONE VASE/TABLET <input type="checkbox"/>	NEW WOODEN CROSS (Permanent) <input type="checkbox"/>	EXISTING MEMORIAL (modification or inscription) <input type="checkbox"/>

2. MEMORIAL DETAILS

Nature of works and materials used

INSCRIPTION

MEMORIAL DRAWING

3. MEMORIAL DIMENSIONS

	Height	Width	Depth
MEMORIAL			
MEMORIAL BASE			
FOUNDATION			

4. MEMORIAL FITTED TO BS 8415 REGULATION STANDARDS? YES / NO

5. COPY OF CEMETERY REGULATIONS POLICY GIVEN TO APPLICANT? YES / NO

### FOR OFFICE USE ONLY

Permit No: Permit Fee: Date Received: Date Permit sent: