

Memorial application form

To fix a memorial or inscribe an additional inscription on an existing memorial.

Churchtown Cemetery
Saltash Town Council
The Guildhall,
12 Lower Fore Street, Saltash
PL12 6JX

Tel: 01752 844846
Email: enquiries@saltash.gov.uk

Cemetery:

Section:

Grave No:

This form must be delivered to Saltash Town Council offices.

Monumental mason name/company name:

Address:

Material of memorial (tick one of the following)

Granite

Marble

Slate

Stone

Other

Design of memorial including inscription and dimensions:

For office use only

Fee Payable £

Date:

Permit No:

Issued:

Receipt No:

cont'd

To be completed by monumental mason

I, (we) agree to be responsible and to pay for any damage which may be occasioned to the property of the Authority or to any adjacent vault, grave, tomb, monument or memorial by reason of any negligence on the part of my (our) workmen, or the workmen of any sub-contractor employed by me (us), in connection with the work referred to in this application.

I, (we) also agree to erect the memorial (new or replacement) in accordance with the National Association of Memorial Masons Code of Practice, or by other such methods and fixing materials approved by the Association and Saltash Town Council Cemetery Rules and Regulations.

Signed:

Date:

Notes to monumental masons

(a) Saltash Town Council as the Burial Authority will retain this application and a permit will be issued to the Monumental Mason.

(b) The Permit **MUST** be available for inspection at the time the memorial is being fitted. **If the mason is found without a permit, permission to continue with the work will be denied. Any memorial fixed without approval will be removed.**

(c) On completion, a certificate of compliance to BS8415 must be issued to the owner of the Exclusive Right of Burial and Saltash Town Council Burial Authority.

(d) The mason fixing the memorial shall ensure that the grave number is inscribed on the side of the memorial.

(e) All monumental work will be carried out **by appointment only** during daylight hours Monday to Friday 08.30 – 16.00 hours. Excluding Bank Holidays.

To be completed by the owner of the Exclusive Right of Burial

I hereby apply for the right to erect/place/inscribe a memorial subject to Saltash Town Council policy. The right for which I now apply confers on me the right to erect a memorial or inscribe an additional inscription on a memorial for which I have previously been granted rights upon payment of the prescribed fee.

Applicant's details

Mr

Mrs

Ms

Miss

Other

Full name of applicant: please print

Full address: please print

Postcode:

Tel No:

Email:

Name of previous interments	Date of previous Death	Date of previous internments

I agree to comply with the Cemeteries Regulations applicable to the type of grave I have purchased as received and signed for at time of purchase.

Signed:

Date: