**Bursledon Parish Council**

APPLICATION FOR PERMISSION TO ERECT, ADD AN INSCRIPTION OR CARRY OUT MAINTENANCE ON A MEMORIAL IN BURSLEDON CEMETERY

Please refer to the Cemetery Regulations before completing this form

**Applications for new memorials will only be accepted 10 months after the date of a Full burial and 3 months after an Ashes burial.**

|  |  |
| --- | --- |
| **Plot Number** |  |
| **Full Name of Deceased** | TitleForenamesSurname |
| **Date of Internment** |  |
| **Last Permanent Address****of Deceased** | Post Code |

|  |  |
| --- | --- |
| **Full Name of Applicant** | TitleForenamesSurname |
| **Address of Applicant** | Post Code |
| **Email** |  |

|  |  |
| --- | --- |
| **Owner of the Exclusive Rights of Burial**A copy of the Exclusive Rights of Burial certificate for the above plot must accompany this form |  |
| **Signature** |  |

|  |  |
| --- | --- |
| **Stonemason**Company Name |  |
| Contact Name |  |
| Address | Post Code |
| Email |  |
| Telephone number |  |
| BRAMM / NAMM registration No |  |

|  |  |
| --- | --- |
| **Purpose of Application**Erect a New Memorial | MaterialHeadstone HeightHeadstone WidthHeadstone DepthPlinth HeightPlinth WidthPlinth DepthNo of Vases |
| Add An Additional Inscription |  |
| Maintenance Work |  |

|  |
| --- |
| **Design of Memorial – Photograph/Drawing to Scale/****Wording of additional inscription / Details of Maintenance Work** |

No memorial can be erected or removed until Permission has been given and all relevant fees have been received by the Parish Clerk.

A date for work to commence must be agreed with the grounds team at least **three** working days in advance.

All memorial installations will be inspected to ensure compliance.

**Declaration by Applicant**

|  |  |
| --- | --- |
| **Please tick to confirm that** |  |
| The details on this application are correct.  |  |
| **The required supporting forms are attached** |  |
| Exclusive Rights of Burial of the Plot |  |
| Stonemason is BRAMM or NAMM registered |  |
| All fees have been paid by BACS to Bursledon Parish Council | £ |
| I have received a copy of the Cemetery Rules and Regulations |  |
| A Certificate of Completion will be provided within one month |  |

Signed……………………………………………….………………  Date………………………………….

Applicant

Print Name

Bursledon Parish Council

Lowford Community Centre,

Portsmouth Road,

Bursledon,

SO31 8ES

023 80 40 75 35

clerk@bursledon-pc.gov.uk