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| **Ludgvan Parish Council – burials****Memorial Permit Application**A permit is required for all memorial works in a cemetery. | **FOR OFFICE USE ONLY** |
| Permit No: |
| Permit Fee: |
| Invoice No: |
| Date Received: |
|  |
| **SECTION 1: DETAILS OF GRAVE** |
| **Cemetery** | **Section** | **Grave Number** | **Deed of Grant Number** |
| Choose an item. | Click here to | Click here ter  | Click here to enteext. |
|  |
| **SECTION 2: DETAILS OF APPLICANT** |
| **Full name of applicant:**  | **Ms ☐** | **Miss ☐** | **Mrs ☐** | **Mr ☐** | **Other:** | Click here to enter text. |  |
| Click to enter text |  |
| **Address:** |
| Click to en |  |
| **Postcode:** | Click here to enter text. | **Email:** | Click here to enter text. |  |
| **Telephone:** | Click here to enter text. |  |
|  |
| **DECLARATION BY APPLICANT** (Tick as appropriate) |
| 1. **I AM** the registered owner 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 Ludgvan Parish Council.
 | **☐** |
| 1. **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 on the grave. I further declare that should the rightful owner be traced I agree to remove the memorial at my expense if requested.
 | **☐** |
| I understand that I am 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 also understand that the memorial may be removed temporarily to allow burials in adjacent graves of this grave. |
| **Signature:** | **Date:** |
|  | Click here to enter a date. |
|  |
| **SECTION 3: DETAILS OF MEMORIAL MASON** |
| **Name of Memorial Mason** |
|  | Click here to enter text. |  |
| **Full address including postcode:** |
|  | Click here to enter text. | **Email:** |
|  | Click here to enter text. |
|  | **NAMM/BRAMM Registration Number:** |
| **Telephone:** | Click here to enter text. | Click here to enter text. |
| **Signature** | **Date** |
|  |  |

By countersigning this application the mason agrees to guarantee the stability of the memorial for at least 5 years from the date of installation (with the exception of malicious damage or storm subsidence).

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| **SECTION 4: DETAILS OF MEMORIAL WORKS** |
| 1. **MEMORIAL PERMIT TYPE** (Tick as appropriate)
 |
| NEW HEADSTONE (Grave) | ☐ | NEW HEADSTONE(Cremation Plot) | ☐ | EXISTING MEMORIAL(modification or inscription) | ☐ |
| NEW STONE VASE/TABLET | ☐ | NEW WOODEN CROSS (Permanent) | ☐ |  |  |
| 1. **MEMORIAL DETAILS**
 |
| **Nature of works and materials used** |
| Click here to enter text. |
| **INSCRIPTION** | **MEMORIAL DRAWING** |
| Click here to enter text. |  |
| 1. **MEMORIAL DIMENSIONS**
 |
|  | Height | Width | Depth |
| MEMORIAL | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| MEMORIAL BASE | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| KERBS | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| FOUNDATION | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |
| Return form by email to clerk@ludgvan.org or by post to Ludgvan Parish Council c/o 19 Carnhell Road, Gwinear, Hayle TR27 5LBTel: 07928 813 653 |

**Please state if approval is to be notified to the applicant or to the Stone Mason or Funeral Director. Give contact details if approval is to be sent to the Funeral Director (address, telephone and email).**