

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

SECTION 2: DETAILS OF APPLICANT

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

DECLARATION BY APPLICANT (Tick as appropriate)

- A. **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.
- B. **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:

SECTION 3: DETAILS OF MEMORIAL MASON

Name of Memorial Mason	
Full address including postcode:	
	Email:
	NAMM/BRAMM Registration Number:
Telephone:	
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).

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"/>	EXISTING MEMORIAL (modification or inscription) <input type="checkbox"/>
NEW STONE VASE/TABLET <input type="checkbox"/>	NEW WOODEN CROSS (Permanent) <input type="checkbox"/>	

2. MEMORIAL DETAILS

Nature of works and materials used

INSCRIPTION

MEMORIAL DRAWING

3. MEMORIAL DIMENSIONS

	Height	Width	Depth
MEMORIAL			
MEMORIAL BASE			
KERBS			
FOUNDATION			

Return form by email to clerk@ludgvan.org or by post to Ludgvan Parish Council c/o 19 Carnhell Road, Gwinear, Hayle TR27 5LB
Tel: 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).