## STRENSALL WITH TOWTHORPE PARISH COUNCIL

## Grave Memorial Permit (Installation, Inscription or Other Work)

I (full name) ……………………………………………………………………. Being the ………………………………

Of the late ……...………………………………………….…………………………………………………………………

of ………………………………………………………………….…………………………………………………………

confirm my entitlement to carry out work on ……………………………………………………………………………..

of Strensall Cemetery as detailed below.

|  |  |
| --- | --- |
|  | Place and maintain a memorial Place and maintain a vase and plinth \*tick as applicable |
|  |  |  |
|  | Place and maintain an inscription on a memorial Place and maintain an additional inscription on a memorial  Other work |
|  |

I understand that the Exclusive Right of Burial (Grave Deed) may be required as evidence of entitlement if necessary. I also confirm that all work to be carried out will be in accordance with the Rules of the Cemetery

Signature:……………………………………………… Date: …………………………………………

Please permit …………………………………………… of ………………………………………………………….

**To carry out work as detailed below.**

|  |  |
| --- | --- |
| A detailed drawing showing dimensions and type of material must be given here or attached on a separate sheet  Ground anchor system used ….………………………….. | Proposed Inscription(s) or detail of other work:  Full name of deceased: ……………………….……………  ………………………………………………………………….. |

I confirm that the above works will be carried out in full accordance with the current versions of the BRAMM scheme, the NAMM Code of Working Practice and BS8415 and in accordance with the Strensall Cemetery Rules

Signature of Memorial Mason: ……………………………….……………… Date: ……………………….

I certify that all work carried out on this memorial, as identified in the application, complies with the current versions of the NAMM Code of Working Practice and BS8415 . This excludes components provided by the burial authority.

Date work to be carried out ………………………………………………..

Signature of Mason …………………………………………………. (Authorising Officer)

Please ensure any copies of guarantees and insurances are received in the Cemetery Office within 4 weeks of the date the work was completed, as indicated above.

# Memorial Application Form - COPY

# STRENSALL WITH TOWTHORPE PARISH COUNCIL

Grave Memorial Application (Installation, Inscription or Other Work)

*(Copy for return with approval )*

DUPLICATE SECTION FOR RETURN TO STONEMASON

I (full name) ……………………………………………………………………………………………being the

………………………………………… of the late ………………………………………………………………..

of ……………………………………………………………………………………………………………………

wish to carry out work as detailed below on ……………………………………………………………………..

|  |  |
| --- | --- |
|  | Place and maintain a memorial Place and maintain a vase and plinth \*tick as applicable |
|  | Place and maintain an inscription on a memorial Place and maintain an additional inscription on a memorial  Other work |
|  |

I understand that the Exclusive Right of Burial (Grave Deed) may be required as evidence of ownership if necessary. I confirm that all work will be in accordance with the Strensall with Towthorpe Cemetery Rules

Signature:……………………………………………… Date: …………………………………………

Please permit …………………………………………… of ………………………………………………………….

**To carry out work as detailed below.**

|  |  |
| --- | --- |
| A detailed drawing showing dimensions and type of material must be given here:  **(This can be provided on a separate sheet)**  Ground anchor system used ……………………………………………………… | Proposed Inscription(s) or detail of other work:    **This can be provided on a separate sheet)**  Full name of deceased: ………………………………  ………………………………………………………….. |

I confirm that the above works will be carried out in full accordance with the BRAMM Scheme , the NAMM Code of Working Practice and Rules of Strensall Cemetery

Signature of Memorial Mason: ………………………………………………… Date: …………………………………

Permission is hereby granted for the above works, subject to the conditions now in force governing the erection of memorials/engraving of inscriptions in cemeteries. At least 24 hours notice must be given of the date on which it is intended to carry out the work and all works must be carried out to the satisfaction of the Authorised Officer. This permit is valid for a period of two calendar months from the date of issue.

Receipt number: …………………… Amount paid: …………………. Date: …………………

Signature: ………………………………………………………. (Authorising Officer)

THIS APPLICATION MUST BE COMPLETED IN FULL & FORWARDED WITH PAYMENT TO THE PARISH CLERK, STRENSALL WITH

TOWTHORPE PARISH COUNCIL, THE VILLAGE HALL, NORTHFIELDS, STRENSALL, YORK YO32 5XW