

Memorial Application for BURTON-upon-STATHER BURIAL GROUND

Mrs Candace Brent
 The Parish Clerk,
 Burton-upon-Stather Parish Council,
 The Parish Office
 High Street
 Burton upon Stather
 North Lincs,
 DN15 9DE (Tel: 07982265914) (email: clerk.buspc@hotmail.co.uk)

For office use:
 Grave No:
 Interment No:
 Deed No:

**This form must be fully completed before being submitted, with full payment.
 (incomplete forms, & those without payment of the correct fee, will not be approved)**

PLEASE NOTE:

1. This section must be completed by the current legal Owner of the Exclusive Right of Burial (ERoB) if they are still alive. If not, then the ownership must be legally transferred before the application is submitted (contact the the Burial Clerk for information about this). Note: having possession of the Deed of ERoB does not in itself constitute legal ownership of the ERoB.
2. The Parish Council wishes to point out that it has a duty to remove any potential danger from the grave area & cemetery and therefore reserves the right to remove any breakable items, edging, any unauthorised objects or memorials deemed unsafe by the Parish Council (see the current Regulations for what is permitted).
3. Only approved Memorial Masons are authorised to carry out work in the cemetery. A list of approved Memorial Masons is available from the Burial Clerk. An appointment must be made before carrying out any work.
4. The memorial will be subject to periodic random safety checks carried out by a person authorised by the Parish Council.

Owner of the ERoB - Full Name _____ (please use block capitals)
 Address (in full) _____

_____ Postcode _____

Name of Deceased _____ Date of Death _____

Number of Grave Space _____ Section _____

Name of Licensed Memorial Mason _____
 (please use block capitals)

Name & Address of Masonry Company _____

(in full & please use block capitals)

_____ Postcode _____

Line drawing or picture of Memorial* and Vase(s)* (Grave Sections & Numbers <u>must</u> be engraved on all memorials*)	Type of Stone* :			
	Dimensions* (in inches)	Height	Width	Thickness
	Memorial Base Foundation Vase	* See the current Regulations		

Specify Ground Anchor System*:

Tick the relevant option:

New Vase Permanent Foundation Replacement Additional Inscription Refurbishment

Proposed Inscription

In the event of a change of address, it is important that you notify the Parish Council immediately.

Please note: the responsibility for any memorial on a grave remains with the Owner of the ERoB. The Council does not accept responsibility for damage caused to the memorial by vandalism, grave settlement or maintenance operations (other than proven negligence). You are strongly advised to ensure your memorial is protected by a suitable insurance policy. Please speak to your chosen Memorial Mason for advice. Please note: some insurance policies may not include cover against vandalism.

(Please tick one box)

I have accepted memorial insurance	<input type="checkbox"/>
I have declined memorial insurance	<input type="checkbox"/>

I accept that, as the legal Owner of the ERoB, I am responsible for the continued maintenance (including all costs) of any memorial on the grave and I hereby authorise this approved Memorial Mason to erect, on my behalf, this memorial in this cemetery, or to carry out the work or to make the additional inscription (as above). I will indemnify the Council from, and against, all liability or claims and legal fees and costs incurred, which may result from erecting a memorial on the grave above, brought by any persons, or their successors in title, claiming ownership of the grave.

Signature of the Owner of the ERoB : _____ **Date:** _____

Signature of the Memorial Mason: _____ **Date:** _____