

West Moors Town Council



4 Park Way
West Moors
Dorset.
BH22 0HL

Telephone 01202 861044

e-mail office@westmoors-pc.gov.uk

APPLICATION TO ERECT A MEMORIAL AND/OR PLACE AN ADDITIONAL INSCRIPTION IN WEST MOORS CEMETERY

Two copies of this form must be submitted to the address above, together with drawings and appropriate fees. One copy will be returned with approval.

The Right of Burial in all grave spaces must be purchased before any Memorial can be erected on any grave space.

West Moors Town Council Burial Authority will not accept any liability for damage caused to any Memorial. All Memorials will be included in our Memorial Safety Testing Programme.

NAME OF DECEASED:

DATE OF DEATH:

WEST MOORS RESIDENT/ NON RESIDENT

* Delete as appropriate.

ADDRESS OF DECEASED:

GRAVE NUMBER:

BURIAL PLOT / CREMATED REMAINS PLOT

* Delete as appropriate.

DATE OF APPLICATION:

DEED OF GRANT NO (if known):

*DETAILS OF APPLICANT:

I confirm that I am the rightful owner of the exclusive Right of Burial for the above plot and that I have read and agree to abide by the Cemetery Regulations with regard to Memorials. I understand that it is my responsibility to maintain the Memorial in good repair and ensure that any change of address is advised to you. **(Note: Where the owner of the Exclusive Right of Burial is deceased a Transfer of Ownership will be required before any approval is given. Should a transfer be required you should contact West Moors Town Council)**

SIGNATURE:

Full Name:

Address:

Relationship to deceased:

Date:

DETAILS OF MEMORIAL MATERIAL OR FOR ADDITIONAL INSCRIPTION DETAILS OF EXISTING MEMORIAL WITH NAME AND YEAR OF DEATH:

HEADSTONE / GROUND SLAB / CREMATION TABLET / ADD INSCRIPTION / REPLACEMENT *Delete as appropriate.

SIZE (INCHES)

HEIGHT

WIDTH

DEPTH

All memorials must be fitted by a BRAMM/RQMF licenced fitter and fitted to BS8415 standards and comply to the NAMM Code of Working Practice.

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DETAILS OF PROPOSED MEMORIAL and INSCRIPTION

PROPOSED INSCRIPTION	ILLUSTRATION (please use a separate sheet if the illustration does not fit in this space)
<p>All memorials must be engraved with the grave location (plot number) and also name of the BRAMM or RQMF accredited retailer. This is to be engraved on the rear of the memorial at a height of no more than 150mm above ground level. Engraved characters to be no more than 20mm in height.</p>	<p>The illustration must indicate the dimensions of dowels to be used, the diameter and depth of drill holes, the manufacturer and type of ground anchor to be used and the specification for the foundation to be used.</p>

NAME AND ADDRESS OF MEMORIAL MASON	Name: Address: Date:
<p>We confirm that we have read and agree to abide by the Cemetery Regulations with regard to Memorials. We also confirm that we are a BRAMM or RQMF accredited business, the memorial and its foundation will be constructed and installed in compliance with BS8415 and the NAMM Code of Working Practice or the BRAMM Blue book and it will be installed by a BRAMM or RQMF licensed fixer.</p> <p>SIGNATURE: Authorised Signatory</p>	
FEE PAYABLE TO WEST MOORS TOWN COUNCIL (Prior to the erection of the memorial)	£.....

DESIGN & INSCRIPTION APPROVED BY TOWN CLERK <i>In approving this memorial application, the Town Council does not take responsibility for loss, damage or theft to memorials.</i>	I, the undersigned, do hereby approve the proposed Memorial: AUTHORISED SIGNATORY: Date:
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Office Use only	Computer updated:
Grave No:	Receipt No:

*This form must be signed by the Purchaser of the Right of Burial in all cases where the purchaser is still alive. If the Purchaser is deceased the Right of Burial must be transferred to the applicant named on this form. If this is the case please complete a Transfer of Right of Burial Form.