

LYTCHETT MINSTER & UPTON TOWN COUNCIL

Karen Cane Town Clerk Tel: 01202 632070 e-mail office@lytchettminsterandupton-tc.gov.uk 1 Moorland Parade Moorland Way Upton, Poole Dorset BH16 5JS

APPLICATION TO ERECT A MEMORIAL AND/OR PLACE AN ADDITIONAL INSCRIPTION

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.

Lytchett Minster & Upton Town Council will not accept any liability for damage caused to any Memorial except where damaged by our staff or sub-contractors is proven.

All Memorials will be included in our Memorial Safety Testing Programme.

NAME OF DECEASED:							
DATE OF DEATH:		SHIONER: YES/NO*					
	"dele	ete as appropriate					
GRAVE NO: (if known)	TH/SOUTH CEMETERY* *delete as appropriate						
SKAVE NO. (II KIIOWII)	NOIN	IH/SOUTH CEMETERY* *delete as appropriate					
DATE OF APPLICATION:	EXCL	USIVE RIGHT OF BURIAL GRANT NO:					
DETAILS OF APPLICANT:		Full name:					
I confirm that I am the rightful owner of the exc Right of Burial for the above plot and that I have and agree to abide by the Cemetery Regulation regard to Memorials. I understand that it responsibility to maintain the Memorial in good and ensure that any change of address is advis you.	Address: Tel No: e-mail: Relationship to deceased: Date:						
DETAILS OF MEMORIAL MATERIAL: NB: CONCRETE SLAB MUST BE CONCEALED UNDER THAND SHOULD NOT BE INCLUDED IN THE DIMENSIONS OF TAXES.	FOR ADDITIONAL INSCRIPTIONS PLEASE GIVE DETAILS OF EXISTING MEMORIAL AND YEAR OR DEATH:						
STONE							
TYPE OF MEMORIAL TO BE FITTED:							
HEADSTONE / CREMATION TABLET / ADDITIONAL INSCRIPTION / REPLACEMENT* * Delete as appropriate							
SIZE (INCHES) HEIGHT	WID	TH DEPTH					

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DETAILS OF PROPOSED MEMORIAL/INSCRIPTION

PROPOSED NEW INSCRI	PTION	ILLUSTRATION (Please use a senarate sheet if necessary)			
		(Plea	se use a separate sheet if necessary)		
MEMORIAL MASON					
We confirm that we have read and agree to abide by the Cemetery Regulations with regard to Memorials. We also confirm that we (and any sub-contractors used) are a Bramm accredited company and that the memorial will be fitted by a BRAMM licensed fitter.		Name: Address:			
SIGNATURE: Authorised Signatory		Date:			
Memorial fee enclosed £					
OFFICE USE ONLY					
OFFICE USE ONLY Grave No:	Fee:		Receipt No:		
Date:	Approved by:				
Estimated date of installation:	Checked by:		Date:		

Disclaimer Form

To be read and signed by the grave rights owner. If the grave owner is deceased, the ownership must be transferred before the memorial application can be approved.

- I understand that I am responsible for the cost of erecting and maintaining the memorial
- Should the memorial fall into a state of disrepair, or become a hazard to Health & Safety, the
 Lytchett Minster and Upton Town Council has the right to remove the memorial from the grave
 and I will be responsible for any expenses incurred: such work may have to be carried out without
 me receiving prior notice
- I will inform Lytchett Minster and Upton Town Council of any change of name and address
- I understand the memorial may need to be covered/moved and replaced, to gain access to prepare a grave
- I understand it is my responsibility to have insurance for the lifetime of the memorial this is optional but is recommended

Signed: .	 	 	 	
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Date:	 	 	 	