



LYTCHETT MINSTER & UPTON TOWN COUNCIL

Karen Cane
Town Clerk
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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:

PARISHIONER: YES/NO*

*delete as appropriate

GRAVE NO: (if known)

NORTH/SOUTH CEMETERY*

*delete as appropriate

DATE OF APPLICATION:

EXCLUSIVE RIGHT OF BURIAL GRANT NO:

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.

SIGNATURE:

Full name:

Address:

Tel No:

e-mail:

Relationship to deceased:

Date:

DETAILS OF MEMORIAL MATERIAL:

NB: CONCRETE SLAB MUST BE CONCEALED UNDER THE TURF AND SHOULD NOT BE INCLUDED IN THE DIMENSIONS OF THE STONE

FOR ADDITIONAL INSCRIPTIONS PLEASE GIVE
DETAILS OF EXISTING MEMORIAL AND YEAR OR
DEATH:

TYPE OF MEMORIAL TO BE FITTED:

HEADSTONE / CREMATION TABLET / ADDITIONAL INSCRIPTION / REPLACEMENT*

* Delete as appropriate

SIZE (INCHES)

HEIGHT

WIDTH

DEPTH

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DETAILS OF PROPOSED MEMORIAL/INSCRIPTION

PROPOSED NEW INSCRIPTION	ILLUSTRATION (Please use a separate sheet if necessary)

MEMORIAL MASON	
<p>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.</p> <p>SIGNATURE: Authorised Signatory</p>	<p>Name:</p> <p>Address:</p> <p>Date:</p>

<p>Memorial fee enclosed £.....</p>

OFFICE USE ONLY		
Grave No:	Fee:	Receipt No:
Date:	Approved by:	
Estimated date of installation:	Checked by:	Date: