West Moors Town Council

4 Park Way, West Moors, Dorset, BH22 0HL Telephone 01202 861044 e-mail office@westmoors-tc.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 will not accept any liability for damage caused to any Memorial. All Memorials will be included in our Safety Testing Programme. Maintaining the memorial in a safe condition is the owner's responsibility. If a memorial is found to be unsafe we will attempt to contact the registered owner. Should a repair not be carried out for whatever reason, the Council has the right to take whatever action it deems fit to make the memorial safe.

## NAME OF DECEASED:

DATE OF DEATH:

WEST MOORS RESIDENT/ NON RESIDENT \* Delete as appropriate.

ADDRESS OF DECEASED:

| GRAVE NUMBER: |   |
|---------------|---|
|               | BURIAL PLOT / CREMATED REMAINS PLOT<br>* Delete as appropriate. |

| DATE OF APPLICATION: | DEED OF GRANT NO (if known): |
|----------------------|------------------------------|
| DATE OF AFFEICATION. | DEED OF GRANT NO (II KIOWI). |
|                      |                              |
|                      |                              |

| *DETAILS OF APPLICANT:   | Full Name:                |
|--|---------------------------|
| I confirm that I am the rightful owner of the exclusive Right<br>of Burial for the above plot and that I have read and agree to<br>abide by the Cemetery Regulations with regard to Memorials.<br>I understand that it is my responsibility to maintain the<br>Memorial in good repair and ensure that any change of | Address:                  |
| address is advised to you. (If the Purchaser is deceased the Right of Burial must be transferred to the applicant named  | Relationship to deceased: |
| on this form. If this is the case, please contact WMTC to complete a Transfer of Right of Burial Form)   | Date:                     |
| SIGNATURE  |                           |

SIGNATURE:

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<br>BRAMM/RQMF licenced fitter and fitted<br>to BS8415 standards and comply to the<br>NAMM Code of Working Practice. |
|---------------|--------|-------|-------|---|
|               |        |       |       | NAMIN COLE OF WORKING FRACTICE.   |

## West Moors Town Council DETAILS OF PROPOSED MEMORIAL and INSCRIPTION

| PROPOSED INSCRIPTION   | ILLUSTRATION<br>(please use a separate sheet if the illustration does not fit in this space)   |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 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   | The illustration must indicate the dimensions of dowels to be used,<br>the diameter and depth of drill holes, the manufacturer and type of |
| a height of no more than 150mm above ground level. Engraved characters to be | ground anchor to be used and the specification for the foundation to be used.  |
| no more that 20mm in height.   |  |

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

| DESIGN & INSCRIPTION APPROVED BY TOWN  | I, the undersigned, do hereby approve the proposed Memorial: |
|--|--|
| <b>CLERK</b><br>In approving this memorial application, the Town Council does<br>not take responsibility for loss, damage or theft to memorials. | AUTHORISED SIGNATORY:  |
|  | Date:  |

| Office Use only | Computer updated: |
|-----------------|-------------------|
| Grave No:       | Receipt No:       |

In accordance with our responsibility under the Data Protection Act, note that personal information you are giving will be held and may be passed to other services of the Council, so that you are provided with the best possible support. We will not pass your personal information to external individuals or organisations unless there is a legal obligation to do so.