



GAINSBOROUGH TOWN COUNCIL

Richmond House, Richmond Park, Morton Terrace,
GAINSBOROUGH, DN21 2RJ

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Office Open Monday to Friday 9:00am to 3:00pm

Tel (01427) 811573

APPLICATION FORM TO ERECT A MEMORIAL / KERBSET / ADDITIONAL INSCRIPTION

This form must be carefully and accurately completed and delivered / emailed to the Council Office.

This Council will not accept any instructions by telephone. Please read carefully and ensure all information is correct before signing and submitting this form. Rules and Regulations and further information can be viewed at parishes.lincolnshire.gov.uk/gainsborough

CHOOSE CEMETERY

General Cemetery, Cox's Hill

North Warren Cemetery, Ropery Road

GRAVE NUMBER

CHOOSE

Erect a Headstone Kerbset Plaque Additional Inscription Renovation

TO BE COMPLETED BY THE REGISTERED GRAVE OWNER

I hereby certify that I am the registered owner and apply to erect and place a memorial and accept responsibility for the memorial's security and safety for the minimum permit period of **30 years**.

I have carefully read the Rules and Regulations and this application form for Gainsborough Town Council Cemeteries and by signing this application form I will be regarded as understanding those rules and having had the opportunity to raise any concerns about them before signing.

We consent to and hereby authorise the removal of anything introduced placed or planted on the grave or the memorial which has not been previously approved in writing in accordance with the Cemetery Rules and Regulations.

I understand that in inspection of the memorial if the height restrictions have been exceeded then the Masons named on this application will be asked to remove the memorial and re-fix once the height criteria are met.

I understand and agree that if the memorial becomes insecure and unsafe the memorial may be laid flat immediately to avoid the risk of injury and damage or that it may be removed.

I consent to my name and address being recorded in the Town Council records (paper filing system or electronic database) for managing and maintaining the cemetery and associated records.

Name of Grave Owner: Rules & Regs Shown: **YES / NO**

Address: Postcode:

Telephone No: Email:

Signature: Date:

TO BE COMPLETED BY THE MOMUMENT MASON

I (we) agree to be responsible and to pay for any damage which may be occasioned to the property of the Authority or to any adjacent vault, grave, tomb, monument or memorial stone due to any negligence on the part of my (our) workmen or workmen of any sub-contractor employed by me (us) relating to the work referred to in this application.

We agree to indemnify Gainsborough Town Council against any liability that may arise out of any failure on our part to construct and install the memorial in accordance with British Standard BS 8415.

We undertake that the memorial will be strictly in accordance with the details provided on this form.

~ Gainsborough Town Council ~

We undertake that the memorial will be constructed and installed in accordance with the British Standards 8415 on any foundations, repairs etc. and will be installed by a BRAMM or NAMM(RQMF) registered installer.

Once the Memorial has been fixed in the Cemetery, please inform the Council Office

The Council will then inspect the memorial within four weeks of fixing, if the height of the Memorial exceeds the limits, then the Masons named on the application will be asked to remove the memorial and re-fix once the height criteria has been met.

The Section and the number of the grave space, together with the name of the Company stated on the application must be engraved plainly and to be clearly visible on the back or side face of the memorial no larger than 20mm high.

I hereby agree to abide by the Memorial Registration Scheme and any Cemetery Rules & Regulations in operation. Failure to do so may result in you being denied access to our cemeteries to carry out work and could also result in your removal from the Council's approved list of Monumental Masons.

Name of Mason: Rules & Regs Shown: **YES / NO**

Address: Postcode:

Telephone No: Email:

Signature: Date:

COMPLETE ALL SECTIONS

Memorial Specification			
Memorial Height (Head)		Length of Base	
Memorial Base Thickness		Width of Base	
Foundation Thickness (Terrazzo Base etc.)		Memorial Thickness	
Total Height from Ground		Length of Kerbs	
Material		Thickness of Kerb	
Colour of Stone		Size of Posts	
State Fixing Method and Type, NAMM APPROVED:		Cremation Plaque	
		Extra Vases	
		Other	

Please provide a full drawing of the proposed memorial including fixing and inscription	Inscription to read

FOR OFFICE USE

Approved Operations Manager: Sign..... Date

Approved Deputy Clerk: Sign..... Date

Amount of Fees Payable: Permit No.