Memorial Application Form

#### Wheathill Lane Cemetery, Milborne Port

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| Applicant Details |
| **Name of Applicant:** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **E-mail address:** |  |
| **Name(s) of deceased:** |  |
| **Relationship of Applicant to the deceased:** |  |
| **Date of burial of the deceased:** |  |
| **Grave reference/number of the deceased:** |  |
| I apply for consent to introduce the memorial described in this application into the churchyard and declare that:* I have read the Cemetery regulations and will abide by them in all respects.
* All of the statements to be inscribed on the memorial are accurate.
* If consent is given, the design of the memorial will not be altered before it is erected
* I accept that if the design of the memorial and/or inscriptions on the memorial are altered after consent has been given, action may be taken to implement the removal of the memorial
* I acknowledge that I will be responsible for the upkeep of the memorial
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| **Applicant’s Signature:**  | **Date:** |
| **Whom to Invoice:**By default, the invoice will be in the name of the memorial mason who normally deals with all the admin.Please see website for current charges  |  |

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| Memorial Details |
| What are you applying to install in the Cemetery? (Please tick the relevant box)**Headstone 🞎****Additional Inscription 🞎****A Vase 🞎****Flat or DVT memorial stone 🞎****Wooden Cross 🞎** |
| **Material** of memorial: |  |
| **Dimensions:** |  |
| **Height** of memorial (mm): |  |
| **Width** of memorial (mm): |  |
| **Thickness** of memorial (mm): |  |
| **Lettering** font/typeface: Please state if known: ……………………………………………………… |
| **Colour** of lettering:  |  |
| How will the inscription be applied to the stone?  |  |
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| Design & Proposed Inscriptions of Memorial*You should use the space below to draw the shape and design of the memorial; include in it any symbols or lettering and the wording of the inscription. Happy to accept this as an attachment to the application rather than a drawing below.*  |
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| Details of Memorial Mason |
| **Name:** |  |
| **Company Name:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **E-mail address:** |  |
| *(To be completed and read by the memorial mason)*I confirm that the proposed memorial will comply with BS8415 regulations.**We are registered/accredited with the following registration/accreditation scheme:** **Registration/accreditation number:** I confirm that the memorial will not be erected until written permission has been obtained from Milborne Port Parish Council.I confirm that if approval is given, the design of the memorial will not be altered before it is erected.I confirm that we will ensure that the grave and its immediate surroundings are left neat and tidy and level following the completion of the work.I confirm that due account has been taken of the nature of the ground and any potential settlement problems and that proposed method of fixing accords with BS8415.I acknowledge that if the memorial is found to have been inadequately fixed, we will be liable at the direction of Milborne Port Parish Council to meet the cost of its removal and/or re-fixing. |
| **Memorial Mason’s signature:** |
| **Date:** | **Status/position:** |