# LOUTH TOWN COUNCIL

## APPLICATION TO FIX A MONUMENT, HEADSTONE, VASE ETC AT LONDON ROAD CEMETERY, LOUTH, LINCOLNSHIRE

Please complete and return to: Louth Town Clerk, Louth Town Council, Sessions House, Eastgate, Louth Lincs. LN11 9AJ Email: clerk@louthtowncouncil.gov.uk Tel: 01507 355895

## 1. To be completed by the Memorial Mason / Applicant

I/we agree that any work undertaken is carried out in accordance with the BRAMM Blue Book or NAMM Code of Practice and to the British Standards Guidelines BS8415:2018, and that we are either registered with BRAMM or a member of NAMM.

I/we agree to carry out a risk assessment in relation to the work being carried out. I/we hold public liability insurance and will be responsible 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 by reason of any negligence on the part of my (our) workmen or the workmen of any sub-contractor employed by me (us) in connection with the work referred to in this application. I confirm I have read and comply with the Cemetery Memorials Guidance. I understand that when wishing to fix the memorial I/we need to pre-book an appointment to do so at the cemetery using the relevant memorial application number.

Signed		Date		
On behalf of	Company name and address			
Address			Post code	
Tel: Email:				

## **Memorial Detail**

	MONUMENT	HEADSTONE	CREM PLAQUE	VASE	BRASS PLAQUE	BASE
HEIGHT						
WIDTH						
DEPTH						

Compartment and Gravespace reference if known

## **Design and Materials**

Please include a separate sheet showing the proposals, which should include a drawing of the design of the memorial, the inscription, type of stone to be used and the finish.

#### **New Memorials/Headstone**

Name of deceased to b	e on headstone
Date of interment	
Additional Inscriptions	
Name on current heads	stone
Approximate date of de	eath
Wording of additional t	ext

## 2. To be completed by the person responsible for the grave

**Declaration** By signing below I certify that I am the **registered owner of the grave**. I confirm that all details entered on this form are correct. I understand that I am the only person which whom Louth Town Council will correspond with regards to memorial permissions etc. I confirm that I have received a set of the London Road Cemetery Rules and Regulations, Memorial Guidelines and I have read and understood the Louth Town Council's Cemetery Privacy Notice. I agree that the Council may process my personal information for providing information and corresponding with me in relation to cemetery services. I understand that I have the right to request modification of the information that Louth Town Council keep on record and I have the right to with-draw my consent and request that I am removed from Louth Town Council's database.

Mr/Mrs/Ms/Miss* circle as required, or indicate other	
initial and a second control of the second c	

First Name(s)	
Surname	
Address	
	Post code
Telephone Num	
Telephone Num Email address	

#### **Resident of Louth**

I confirm that the deceased was a resident of the town of Louth.

I confirm that the deceased lived in the town of Louth for	years prior	to moving (date)		NB: The Town
Council will look at each case of residency where the decea	sed has lived in th	ne town for a sub	stantial period o	f time before
recently moving (ie in the previous year). Documentation t	prove residency	will be required	as proof (i.e. serv	vices invoice/
ELDC council tax invoice).				

I confirm that the deceased was **NOT** a resident of the town of Louth.

#### Declaration

Please ensure you have read and understood the declaration at the top of this form before signing this application. If you require further information regarding Rights of Burial and ownership, please read the Rights of Burial Ownership leaflet.

Signed	Date	
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#### FOR OFFICIAL COUNCIL / CEMETERY USE ONLY

#### **Permission Grant**

Approved by		Date	
Total Cost £	Cheque received by SC LP Cheque Date	Amount Receipted £	Receipt No. Invoice No.
Grave owner Interment notifier	EX/RT No:	Correct number of months passed since burial	Materials / wording ok
Database Memorials Database Interments	Resident	Interment No	Other notes