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 subcontractor 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.

n behalf of	Company name and address						
ddress							
	Post code						
el:							
nail:							
lemorial De	tail						
	MONUMENT	HEADSTONE	CREM PLAQUE	VASE	BRASS PLAQUE	BASE	
HEIGHT							
WIDTH							
DEPTH							
	nd Gravesnace ref	erence if known					
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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 withdraw my consent and request that I am removed from Louth Town Council's database.

Mr/Mrs/Ms/Miss* circle as re	quired, or indicate other							
First Name(s)								
Surname								
Address								
		Post co	ado.					
Telephone		Post co	oue					
Number								
Email address								
Relationship to deceased								
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								
FOR OFFICIAL COUNCIL / CEMETERY USE ONLY Permission Grant Approved by Date								
Total Cost £	Cheque received by MV 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					