Application for the Right to Erect a Memorial

Application for Right to Erect a Memorial at ........................................................................................................... Cemetery

Grave Section ......................................................................................................................................................... Number .........................................................................................................................................................

In memory of ...........................................................................................................................................................

General Conditions

A memorial may only be erected or re-erected by, a monumental mason who is covered by Public Liability Insurance to a value of £10 million; who will issue a 10 year guarantee of workmanship and material, including stability of the memorial, to the purchaser; and will fix in accordance with the NAMM code of working practice.

The section and number of the grave must be cut in lettering five-eighths inch (15mm) high plainly on the reverse of the memorial or on the outside of the head kerb where only a kerbset is placed on a grave before it is erected or re-erected in the cemetery.

All memorials, inscribed vases and kerbsets shall be maintained in a good and safe condition at all times at the expense of the person, or their heirs, causing the same to be erected.

The Council reserves the right of ordering, in writing to the registered address of the grave owner(s), any work to be carried out necessary to make a memorial safe or to prevent the encroachment on an adjoining grave of any plant; tree; shrub; vase or memorial, to recharge the grave owner(s) the cost of carrying out such work if the grave owner(s) fails to comply with the request, and to refuse to permit the opening of any grave or vault until all sums due for such work are paid, or to remove after seven days’ notice, forwarded in writing to the registered address of the grave owner(s) any memorial, inscribed vase or edging which the Council considers to be unsafe.

GDPR statement

The Borough Council of Kings Lynn & West Norfolk has a duty to process and store your personal information safely and securely in line with data protection legislation, which here means the General Data Protection Regulations (Regulation (EC) 2016/679 which is in force from 25 May 2018) (GDPR) and any national implementing laws, regulations and secondary legislation, as amended or updated from time to time, in the UK and then any successor legislation to the GDPR. You may see copies of the data held about you and ask for it to be corrected or deleted. You can find more information about Data Protection and the Council’s Data Protection Officer, on our website. See www.west-norfolk.gov.uk/dataprotection.
To be completed by the Monumental Mason

Company Name ....................................................................................................................................
Address ...........................................................................................................................................
Phone Number ...................................................................................................................................

Public Liability Insurance to £10,000,000 Yes ☐ Certificate No......................................................
Insurance Company..................................................................Expiry Date:..................................

NOTE: We will only require a copy of your policy annually

Type of Memorial (please tick)
☐ Headstone       ☐ Kerb
☐ Cremation tablet ☐ Additional inscription
☐ Remove for cleaning or refixing

Detail of material to be used (eg Polished Grey Granite) ............................................................

Dimensions of memorial  *Indicate imperial/metric.

Height (above ground level) ............................................................. mm/inches
Width (side to side over foundation) ................................................ mm/inches
Depth (front to back over foundation) .......................................... mm/inches
Thickness of material ................................................................. mm/inches
Foundation slab w.................... d.................... h .................... mm/inches

All foundation slabs must not be above ground level. All memorials shall be secured to withstand
a measured force of 35kg at all times without falling or moving. Fixing in accordance with the
NAMM Code of Working Practice.

Detail of all fixings to be used ...........................................................................................................

Type of Inscription to be cut (e.g. Incised silver enamel) ...............................................................

Inscription requested (indicate location of text and any designs in the diagram)

.......................................................................................................................................................
.......................................................................................................................................................
.......................................................................................................................................................
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Diagram of memorial to be shown on next page. Please indicate on the diagram where grave
section/ number will be located

The monumental mason will issue to the grave owner(s) a 10 year guarantee of workmanship
and material, including stability of the memorial. The Council may invoke the guarantee of
workmanship on behalf of the purchaser if the memorial proves to be unstable.

Please complete all sections fully. Any applications not correctly completed will be returned.
Diagram(s) of memorial showing exact dimensions and location of ALL Fixings and foundations. Indicate location of text and any designs in the diagram.
N.B. Please use this space and do not use a separate sheet.

Please clearly indicate the location of any inscription / design / grave number and section etc

Signed

By signing this, should the memorial, fitting or design not comply with current regulations, then the Council will require the memorial to be removed at the Monumental Mason’s expense.

Print name

on behalf of (Name of Company)

Date
To be completed by the owner(s) of the Exclusive Right of Burial

I/We hereby apply for the Right to Erect a *memorial/additional inscription (*delete as appropriate) as defined by and subject to the Regulations for the Management of Cemeteries and request that you invoice the monumental mason accordingly for the fee of £ ....................
The Right to Erect, for which I/We now apply, shall expire with the Exclusive Right of Burial of the grave.

Where an inscription or design has been cut without approval of the Council the grave-owner(s) shall cause the inscription or design to be erased, in a proper and workmanlike manner and so that the appearance of the memorial is not impaired, at their own expense on being ordered in writing to the registered address of the grave owner(s) to do so by the Council.

I/We understand that responsibility for ensuring that the memorial applied for is maintained in a good and safe condition at all times is mine/ours or my heirs and that the Borough Council will from time to time test the stability of the memorial.

The Council reserves the right of ordering, in writing to the registered address of the grave owner(s), any work to be carried out necessary to make a memorial safe or to prevent the encroachment on an adjoining grave of any plant; tree; shrub; vase or memorial, to recharge the grave owner(s) the cost of carrying out such work if the grave owner(s) fails to comply with the request, and to refuse to permit the opening of any grave or vault until all sums due for such work are paid, or to remove after seven days’ notice, forwarded in writing to the registered address of the grave owner(s) any memorial, inscribed vase or edging which the Council considers to be unsafe.

I/We give consent for the Borough Council to invoke a claim under the Monumental Masons 10 year stability and material guarantee on my/our behalf.

I/We sign this as the owner(s) of the exclusive rights for this grave, and note that if I/We am/are not the owner(s) then unless there is a letter from the owner(s) giving me/us permission then the application will be refused.

Please note if the grave is owned by more than one person then we require ALL owner(s) to sign this form.

Signed .................................  Signed .................................
Print name .................................. Print name ..................................
Address ..................................... Address ....................................
Date ........................................ Date .........................................

FOR OFFICE USE ONLY

Application Approved by Initials .................. Date ...........................................
Invoice Number .................................. Date ...........................................
Date invoice paid ...........................................
Permit number .................................. Date permit issued ..........................