

# SOUTH LAKELAND DISTRICT COUNCIL

South Lakeland.House, Lowther Street, Kendal LA9 4DH Tel: 01539 733333 Fax: 01539 797599

## APPLICATION FOR MEMORIAL WORK .....CEMETERY

MEMORIAL SURNAME.....Grave Space No.....Section.....

I, (Full name) Mr/Mrs/Miss.....

Of (Address).....

Hereby make application for the right to:

- 1. Place and maintain a memorial
- OR**
- 2. Add to the inscription of an existing memorial

on the above grave space, in accordance with the particulars given, and I request that

authorisation be given to .....(Monumental Mason) to carry out this work.

*I further claim that I am:*

**a) Person named on the Deed of Grant of Exclusive Right of Burial, or the holder by assignment\***

**OR**

**b) The.....(your relationship) of.....deceased who is buried in the grave.**

**\*NB** If the applicant for this memorial work is **NOT** the holder of the exclusive right of burial, the consent of the holder must be obtained below, OR, if this is not practical, the reason why such written consent cannot be obtained should be stated here.

.....

**Consent of the holder of the exclusive right of burial.....(Signature)**

I understand that the memorial will remain my sole responsibility and that the Council may take it down if it is likely to become a source of danger during the opening of the grave for interment, or the excavation of an adjoining grave, or due to long neglect. I also understand that the Council shall not be held responsible for any injury or damage to the memorial through any cause whatsoever.

**Signature of applicant..... Date.....**

When this application has been properly completed and delivered to the Cemeteries Officer, Shearman House Allhallows Lane, Kendal, Cumbria LA9 4JX. A notice of approval and the amount of the prescribed fee will be sent . No work will be allowed in the Cemetery until the fee has been paid and a "permit" issued to the monumental mason.

**I agree to abide by the Cemetery Regulations, and all work on this memorial will be in accordance with the current requirements of the NAMM Code of Working Practice.**

**Signature of Monumental Mason..... Date.....**

**For Office Use Only.** Date Received: / / Fee payable: £ Paid: PR No.

Permit Issued: / / Account Number: Serial Number: Dated:

Memorial Register entered:  Purchase Register entered:  Years:

**Detail and Drawing of Proposed Memorial**

Material: Colours and Finishes.....

Overall Height.....

Width.....

Depth.....

**Drawing of Memorial**

**Copy of Proposed Inscription**