

# SOUTH LAKELAND DISTRICT COUNCIL

APPLICATION FOR MEMORIAL WORK .....CEMETERY

MEMORIAL SURNAME.....GRAVE SPACE No.....SECTION.....

I, (Full name of applicant) Mr/Mrs/Ms.....

Of (address).....Post Code.....

Hereby make application for the right to:

1. Place and maintain a memorial  **tick as appropriate**  
Or  
2. Add to the inscription of an existing memorial

on the above grave space, in accordance with the particulars given on the reverse of this form, and I request that authorisation be given to.....(Monumental Mason) to carry out this work.

**I further claim that I am:**

- a. The person named on the Deed of Grant of exclusive right of burial, or the holder by assignment. \*

**OR:-**

- b. The.....(relationship) of.....(deceased) who is already buried in the grave.

**\*NB If the applicant is NOT the holder of the exclusive right of burial as recorded by the Council, the consent of the holder must be obtained below. If the holder is deceased, it will be necessary to transfer ownership to a living person – please discuss with the Mason & Office.**

Consent of the registered holder of the exclusive right of burial.....Signature (If different from the applicant)

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 an interment, or the excavation of an adjoining grave for interment, 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, including vandalism, grave settlement or maintenance operations. **You are strongly advised** to ensure your memorial is protected by a suitable insurance policy. Please speak to your chosen Memorial Mason for advice about this.

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

When this application has been properly completed the Mason should deliver it to **The Cemeteries Officer, South Lakeland District Council, Lowther Street, KENDAL, Cumbria LA9 4DH**. A notice of approval and the prescribed fee will then be sent. No work will be allowed in the Cemetery until the fee has been paid and a permit issued to the Memorial Mason.

## FOR OFFICE USE ONLY

Date Received: Fee Payable: Purchase Reg. No:  
Paid: Permit Issued: Dated:  
Serial No: Grant Period: Years.  
Account No: Memorial Reg. Entered  Purchase Reg. Entered

**DETAILS AND DRAWING OF PROPOSED MEMORIAL**

**MEMORIAL MATERIAL: COLOUR AND FINISHES :-**

**OVERALL HEIGHT** .....

**WIDTH OF BASE** .....

**DEPTH OF BASE** .....

**TYPE OF ANCHOR** .....

**FOUNDATION: Material/type**.....(All memorials must be mounted on a foundation flag at least 75mm (3") greater dimension than the memorial base)

**DRAWING**

**COPY OF PROPOSED INSCRIPTION**

I certify that this memorial will be fixed in accordance with the SLDC Cemetery Regulations and to at least the minimum standard required by the current NAMM Code of Working Practice. A NAMM approved type of ground anchor will be fitted before the headstone is erected, or re-erected, and the grave number will be marked with an \* to indicate that this has been done.

**Signed**.....**(Memorial Mason**.....**Date**