



SOUTH LAKELAND DISTRICT COUNCIL
APPLICATION FOR MEMORIAL WORK – Part One

MEMORIAL SURNAME _____

CEMETERY _____

GRAVE NO _____

SECTION _____

I, (full name of applicant) _____

of (address) _____

Telephone No. _____

Email Address _____

Hereby make the application, for the right to (*tick one*):

Place a headstone as a memorial

Place a tablet as a memorial

Add to the inscription of an existing memorial

Repair or refurbish a memorial

Remove a memorial and place an identical replacement

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 the person named on the Exclusive Right of Burial*, within South Lakeland District Council's purchase register.**

**Where there is more than one owner, all owners must sign on this form or on a supplementary form giving permission.*

*** If the holder of Exclusive right of burial, is deceased, it is necessary to transfer the ownership to the rightful living person. Therefore the memorial application CANNOT be progressed, until this is completed and approval to erect will not be provided. Please seek assistance from South Lakeland District Council, to arrange transfer of ownership.*

I understand this memorial application is to be considered in accordance with the cemetery regulations of South Lakeland District Council and the right is reserved to reject any proposed memorial that contradicts such regulations.

I understand that the memorial will remain my sole responsibility and that South Lakeland District Council may take this memorial down, if it is to become a source of danger during the opening of the grave for an interment; for the excavation of an adjoining grave; due to safety concerns or neglect.

I understand that South Lakeland District 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 surrounding this.

I understand that South Lakeland District Council recommend a minimum of a 6-month ground settlement period before erecting a memorial on a plot following a full burial. South Lakeland District Council assume no responsibility over the movement of memorials or sinking of a plot, on occasions whereby the stone was placed prior to 6-months elapsing.

I have read and understood the above terms and conditions of this application for memorial works.

Signature of Applicant _____ **Date** _____



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APPLICATION FOR MEMORIAL WORK – Part Two

PROPOSED WORKS

Memorial Material
(type, colour, finish) _____

Overall Height _____ Type of Anchor _____

Width of Base _____ Depth of Base _____

Foundation* (material, type) _____

*All memorials must be mounted on a foundation at least 75mm (3”) greater dimension of the memorial base.

DRAWING

COPY OF PROPOSED INSCRIPTION

<i>Please include as much detail as possible and include size dimensions – use additional sheets if necessary</i>	<i>Use additional sheets if necessary</i>
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I certify the memorial will be fixed in accordance with South Lakeland District Council’s Cemetery Regulations and to the current British Standard BS8415:18. 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.

I have ensured both parts of this form are fully completed and understand that applications may be returned to me and incur delays where partially completed forms are submitted. I certify I have fully informed the applicant of their responsibility in regards to the erection and maintenance of a memorial and they have to read the application document in full.

Signed: _____ (Memorial Mason) **Date:** _____

Company Name: _____ **Role:** _____

SLDC Monumental Mason Registration Scheme Number: _____