

# Memorial application form

To fix a memorial or inscribe an additional inscription on an existing memorial.

**Churchtown Cemetery**  
**Saltash Town Council**  
**The Guildhall,**  
**12 Lower Fore Street, Saltash**  
**PL12 6JX**

**Tel: 01752 844846**  
**Email: enquiries@saltash.gov.uk**

Cemetery:

Section:

Grave No:

**This form must be delivered to Saltash Town Council offices.**

Monumental mason name/company name:

Address:

Material of memorial (tick one of the following)

Granite      Marble      Slate      Stone      Other

Design of memorial including inscription and dimensions:

For office use only

Fee Payable £

Date:

Permit No:

Issued:

Receipt No:

## To be completed by monumental mason

I, (we) agree to be responsible and 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 by reason of any negligence on the part of my (our) workmen, or the workmen of any sub-contractor employed by me (us), in connection with the work referred to in this application.

**cont'd...**

I, (we) agree to install the memorial (new or replacement) in compliance with BS8415 by competent, trained stonemasons. Stonemasons may demonstrate competency by being a member of either BRAMM or NAMM's RQMF schemes, or may complete an individual application to work form, including a signed declaration stating a commitment to work to BS8415, a statement that the mason holds £5m public liability insurance, issues at least a ten year guarantee to cover workmanship and materials and that they have not been banned from any cemetery or graveyard during the last two years.

Signed:	Date:
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**Notes to monumental masons**

- (a) Saltash Town Council as the Burial Authority will retain this application and a permit will be issued to the Monumental Mason.
- (b) The Permit **MUST** be available for inspection at the time the memorial is being fitted. **If the mason is found without a permit, permission to continue with the work will be denied. Any memorial fixed without approval will be removed.**
- (c) On completion, a certificate of compliance to BS8415 must be issued to the owner of the Exclusive Right of Burial and Saltash Town Council Burial Authority.
- (d) The mason fixing the memorial shall ensure that the grave number is inscribed on the side of the memorial.
- (e) All monumental work will be carried out **by appointment only** during daylight hours Monday to Friday 08.30 – 16.00 hours. Excluding Bank Holidays.

**To be completed by the owner of the Exclusive Right of Burial**

I hereby apply for the right to erect/place/inscribe a memorial subject to Saltash Town Council policy. The right for which I now apply confers on me the right to erect a memorial or inscribe an additional inscription on a memorial for which I have previously been granted rights upon payment of the prescribed fee.

**Applicant's details**

Mr                      Mrs                      Ms                      Miss                      Other

Full name of applicant: please print

Full address: please print

Postcode:

Tel No: <input style="width: 90%; height: 20px;" type="text"/>	Email: <input style="width: 90%; height: 20px;" type="text"/>
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Name of previous interments	Date of previous Death	Date of previous internments

I agree to comply with the Cemeteries Regulations applicable to the type of grave I have purchased as received and signed for at time of purchase.

Signed: <input style="width: 90%; height: 20px;" type="text"/>	Date: <input style="width: 90%; height: 20px;" type="text"/>
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