|  |
| --- |
| **IMPORTANT INFORMATION**  The right to apply for a memorial or to carry out any work to an existing memorial can only be made by the owner of the Exclusive Right of Burial while they are alive and in all other cases ownership must be transferred to someone who can prove they are entitled. A transfer of ownership can be complex and, in **all** cases must be referred directly to the Clerk & Registrar as a competent authority suitably qualified to advise you in law on this matter.  All memorials must be fitted by a BRAMM approved fitter and fitted to BS8415 Standards and comply to the NAMM Code of Working Practice.  All memorials must be engraved with the Grave Location and the name of the BRAMM accredited retailer – this must be on the rear of the memorial at a height of no more than 150mm (6 inches) above ground level and in characters no more that 20mm in height.  All memorials will be included in our rolling program of Memorial Safety Testing and you may be contacted and required to arrange for repairs should it be identified as unsafe, failure to do so could result in the removal of the headstone altogether. |
| **Grave Details**  **Name of Deceased:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of Death:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Resident: Wimborne/Colehill/Pamphill or Non-Resident**  **Grave Location / Section:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_ |
| **Exclusive Right of Burial**  **Current Owner(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grant No:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of Purchase: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship to Deceased:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Applicant Details**  ***I confirm that I am the rightful owner of the Exclusive Right of Burial for the above plot. Also, that I have received a copy of the Cemetery Regulations and agree to abide by them and any rule or regulation which may be introduced from time to time. I understand that Wimborne Cemetery Joint Management Committee will not accept any liability for damage caused to any memorial.***  **Name Mr/Mrs/Ms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Please send two copies of this form together with drawings and the fee either by BACS or cheque to:  **Wimborne Cemetery Joint Management Committee, Barclays Bank: A/C: 83085619 Sort Code: 20-96-96**  **c/o Wimborne Minster Town Council, Town Hall, 37 West Borough, Wimborne, Dorset, BH21 1LT**  Following approval one copy will be returned to you together with the receipt and permission slip. This will need to be taken to the cemetery on the day of installation, the date added and returned to the Clerk in order records can be updated.  **To be completed by Memorial Mason: For office use:**  Name of firm: R Non R Receipt:  Address: Fee £  I, hereby approve the proposed memorial, Authorised Signatory:  Telephone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BRAMM / NAMM Registration No: |

|  |
| --- |
| **Details of Proposed Memorial**  **Memorial Type:** Headstone / Cremation Tablet / Child’s Memorial / Additional Inscription / Replacement  **Colour & Materials:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Anchor:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Width:\_\_\_\_\_\_\_\_\_\_\_\_\_ Depth:\_\_\_\_\_\_\_\_\_\_\_\_**  **Additional Details:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Illustration**  Please indicate the dimensions of dowels to be used, the diameter and depth of drill holes, the manufacturer, type of ground anchor and the specification for the foundation to be used. |
| **Proposed Inscription**  Please attach a separate sheet if required. |