

Memorial Permit Application Form



WIMBORNE
Est. 1856 CEMETERY

IMPORTANT INFORMATION

The right to place and maintain, or to put any additional inscription on, a memorial can only be made by the owner(s) of the Exclusive Right of Burial (ERoB). This application is to be completed and signed by the owner(s) of the ERoB and the Memorial Mason for every kind of work proposed to be carried out in relation with a memorial in Wimborne Cemetery. If there are multiple owners, all owners must complete the applicant details. If the owner(s) of the ERoB are deceased, ownership must be transferred to the next entitled person(s) by the Cemetery Manager of Wimborne Cemetery.

Please note that this form serves solely as an application, and no works should commence until written permission is granted by Wimborne Cemetery. Wimborne Cemetery will not be held responsible for any costs incurred for works on a memorial that have not been approved.

All memorials will be included in our Memorial Safety Testing programme.

Grave Details

Name of deceased: _____

Date of death: _____ Grave number: _____ ERoB number: _____

Please indicate:

Full Burial Interment of ashes Date of burial/interment: _____

Residency status of deceased at time of death (tick one):

Wimborne Minster Colehill Pamphill & Shapwick Non-Resident

Applicant(s) Details (to be completed by the owner(s) of the ERoB)

Applicant 1: Full Name: Mr / Mrs / Ms _____

Address: _____

_____ Postcode: _____

Email: _____ Phone: _____

Applicant 2: Full Name: Mr / Mrs / Ms _____

Address: _____

_____ Postcode: _____

Email: _____ Phone: _____

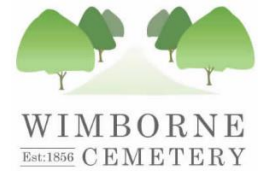
Applicant 3: Full Name: Mr / Mrs / Ms _____

Address: _____

_____ Postcode: _____

Email: _____ Phone: _____

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I/we confirm that I/we own the Exclusive Right of Burial for the grave and have read and agree to abide by the Wimborne Cemetery Regulations. I/we understand that I/we am/are responsible for the costs of erecting and maintaining the memorial in a good condition, which remains my/our property, to meet current memorial safety standards. I/we understand that my/our memorial will be regularly tested for safety, and if it is found to pose a risk of injury at any time, agree to allow Wimborne Cemetery staff to implement reversible measures to make it temporarily or permanently safe, including laying it flat on the grave space where necessary. I/we understand that I/we am/are responsible for the cost of removal and renovation/repair if I/we choose to reinstate the memorial. I/we will notify Wimborne Cemetery of any change of address or contact details. I/we understand that the Wimborne Minster Town Council will not accept any liability for loss, damage, or theft to memorials.

Signed: _____ **Print Name:** _____

Signed: _____ **Print Name:** _____

Signed: _____ **Print Name:** _____

To be completed by the Memorial Mason

Name and address of company:

Name:

Telephone:

Email:

BRAMM / NAMM Registration No:

Fixers Name:

Fixers Licence No.:

I/we confirm that I/we am/are a BRAMM or NAMM registered memorial mason and that the memorial will be erected to comply with British Standard BS 8415, 'The Blue Book' (BRAMM) or 'Code of Working Practice' (NAMM), and Wimborne Cemetery Regulations. I/we agree to accept full responsibility for any damage caused to Wimborne Cemetery property or surrounding memorials because of negligence and further agree to compensate for any necessary repairs or replacements required due to such damage. I/we agree to clear away all waste materials and ensure the area is left clean and tidy. I/we have informed the registered owner(s) of the Exclusive Right of Burial that the memorial remains their property and that they bear responsibility for its upkeep and maintenance in a good condition. I/we have advised the owner(s) to consider insuring the memorial against loss or damage.

Signed: _____ **Dated:** _____

Please return the completed form to cemeterymanager@wimborne.gov.uk or by post to Cemetery Manager, Wimborne Minster Town Council, The Town Hall, 37 West Borough, Wimborne, BH21 1LT. Following receipt, you will be sent an invoice for the fee. Following approval, you will be sent a memorial permit with a tear-off slip to be returned to the groundsman on the day of installation.

FOR OFFICE USE ONLY

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Non-R

Memorial Invoice No.:

Memorial Receipt No.:

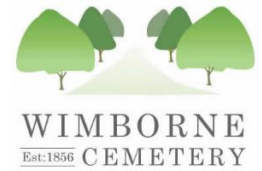
Fee: £

Date App. Rec'd:

Date Fees Rec'd:

Memorial Permit No.:

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Details of Proposed Memorial

Type of Memorial: _____

Description of memorial material or for additional inscription, details of existing memorial:

Size: Height _____ Width _____ Depth _____

Fee payable to Wimborne Minster Town Council: £ _____

Proposed Inscription

Proposed Memorial Illustration

Please include an illustration of the proposed memorial showing all relevant measurements and fittings. Please attach a separate sheet if required.
