Holton-le-Clay Parish Council and Burial Board

Memorial Application for Holton-le-Clay Cemetery

This **application** is to be completed and signed by the Owner of the Grant of Exclusive Right of Burial and the Memorial Mason **for every kind of work** proposed to be carried out in relation with a memorial at Holton-le-Clay Cemetery.

Please note this form constitutes an application only and no works should be undertaken until written permission is granted by Holton-le-Clay Parish Council.

Please note an incomplete form cannot be accepted for processing

Section One: For Grant of Exclusive Right of Burial - Owners Use

l	Name of Deceased						
ĺ	Grave Plot						
	Reference No						
	Date Of Burial						
	Full Name of						
l	Applicant					· · · · · · · · · · · · · · · · · · ·	
	Status of Applicant Please tick relevant box	Registered Owner of the Grant of Exclusive Right of Burial		Executor		Next Of Kin – please specify relationship to the deceased (i.e. Son)	
	Request that (Please enter the name and address of the Memorial Mason who will be carrying out the work on your behalf)	be permitted to carry out the work as detailed overleaf.					
 I understand that I am responsible for the costs of erecting and maintaining the memor I understand that the memorial remains my property and as the registered owner/executor/next of Kin/of the holder of the Grant of Exclusive Right of Burial I am responsible for keeping the memorial in good repair at all times to meet current and an future Health and Safety Regulations or Rules that may be applied. I understand that if I fail to do so after due notice the memorial may be laid flat/remove I agree to allow Holton-le-Clay Parish Council to authorise random testing of memorial to National Association of Memorial Mason standards (or any relevant Health and Safe standards) to ensure that I am complying with my obligations as the registered owner/executor/next of Kin/ of the holder of the Grant of Exclusive Right of Burial of thi grave/plot. If the memorial is found to be in an unsafe condition, at any time, I accept that the memorial will be laid flat/removed and that I will be responsible for the cost of removal and renovation/repair cost if I choose to have the memorial reinstated. I will ensure that I notify the current Parish Clerk in writing of any change of address to enable them to notify me of any change in rules or regulations that may affect the grave or memorial. 							rial I am nt and any t/removed. nemorials and Safety d irial of this t the removal ensure that them to
	Signed						
	Date						
	Address including postcode						
	Daytime Telephone No.						

To be completed by the Memorial Mason who will be carrying out work, of any kind, on a memorial, or erecting a memorial at Holton-le-Clay Cemetery **Description of work:** Please tick box as appropriate and provide details ☐ Additional Inscription ☐ Repair work ☐ Erection of Headstone (please list style of memorial i.e. erection of book) ☐ Placing of Cremation Stone **Description: Memorial Material:** Type and colour of stone and details of fittings e.g. granite, NAMM approved anchorage system etc) Type of decorative features if any e.g. vase, photograph Size please give full dimensions of proposed memorial I enclose a sketch/photograph of the proposed memorial/inscription **Proposed Inscription** — to be shown as it will be spaced and located on the memorial I confirm that (please tick all relevant boxes): The memorial will be manufactured and erected to the current minimum National Association of Memorial Mason (NAMM) standards. In the case of headstones this will include a NAMM approved anchor system. All work carried out on the memorial (e.g. removal for additional inscription or other repair work) will meet current minimum NAMM standards and in the case of a headstone will include a NAMM approved anchor system. I/we agree to be responsible for any damage caused to Council property or to surrounding memorials, turf etc. caused by the negligence of myself, my workmen and or/any subcontractor employed by me, and confirm we have appropriate public liability insurance in place. I/we agree to remove all unused materials / rubbish and to leave the area in a neat and tidy state. I/we agree not to carry out any work on site while a funeral is in progress. I / we confirm that the applicant has seen and approved the specifications as detailed in this application. I/we have explained to the owner of the Grant of Exclusive Right of Burial that the memorial remains their property and that they are responsible for keeping it in good and safe condition to current industry and general Health and Safety standards at all times. I/we have advised the owner to consider insuring the memorial against accidental damage and vandalism. Signed **Full Name of Signatory Date**

Please complete and return the signed form to: The Parish Clerk, Holton-le-Clay Parish Council, Village Hall, Pinfold Lane, Holton-le-Clay, GRIMSBY DN36 5DL.. Contact: 01472 825467 or HLC.PC@btconnect.com

Name & Address of Company

Section Two: