**MEMORIAL APPLICATION**

### Please complete and return to:

### The Cemeteries Officer, Tamworth Borough Council, Marmion House, Lichfield Street, Tamworth, Staffordshire B79 7BZ. Tel: 01827 709343 Email: cemeteries@tamworth.gov.uk

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| --- |
| Stonemason’s Contact Details (To be completed by the stonemason) |
| Phone No. Email: |
| Payment enclosed [ ]  | Amount:Cheque No: | Please send Invoice [ ]  | No charge [ ]   |
| **Permission is requested to -** | Erect a new memorial [ ]   |
| Amend an existing one [ ]  **Please provide size and method of fixing**Refix to Namm standard [ ]  **as with new memorials**Clean & renovate memorial [ ]   |
| **DECEASED** |  | **GRAVE** **NUMBER** |  |
| **CEMETERY** | \*\* For newly purchased plots at Wigginton Road Cemetery please check with office regarding regulations |

# MEMORIAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **Material to be used** |  | **Colour of lettering** |  |

# Please give *maximum overall size* of memorial in inches

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Length | Height  | Width  | Depth  | FEE | £ |
| ***Headstone* including Base**Max height 48” Max width 30”  |  |  |  |  |  |
| ***Tablet****[ ]* ***Footstone*** [ ] ***Vase*** *[ ]*  |  |  |  |  | FEE |  |
| **Kerbstone without landings**Max length 84” Max width 36”  |  |  |  |  | FEE |  |
| **Size of landings / foundations** **for kerbs** Max length 87” Max width 39”  |  |  |  |  |
| **Type of finish in centre of kerbs**. Please tick appropriate box(es) | [ ]  solid concrete [ ]  slabs [ ]  soil [ ]  chippings – colour……..………………..  |
| **Additional Inscription / Refix**  (Please attach details) | Book [ ]  Headstone [ ]  Kerbset [ ] Vase [ ]  Footstone [ ]  Tablet [ ]  | FEE |  |
| **Non-Borough (Double Fees)** | [ ]  | FEE |  |

#### CHANGES TO ORIGINAL APPLICATION - Any changes made to the memorial and/or inscription after approval has been given must be emailed through to this office immediately. Failure to do so could result in the application being delayed or rejected.

### \*\* PLEASE SUBMIT WITH EVERY APPLICATION \*\*

### A SKETCH / PICTURE OF THE PROPOSED MEMORIAL

### Please attach a detailed picture/sketch of the proposed memorial including inscription details and indicate the height, depth and thickness of each part of the memorial in inches. Please include the overall height and length of the memorial and its bases above ground level.

### NB: Copyright consent may be required for certain designs and/or decorations.

**A FIXING DIAGRAM**

### To show how the memorial is to be fixed indicating the position of dowels and / or anchor fixing. All memorials must be fixed according the most recent edition of the National Associated of Memorial Masons Recommended Code of Working Practice.

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**\*\*** PLEASE ENSURE THAT THE **GRAVE NUMBER** IS INSCRIBED ON THE BASE AT THE REAR OF THE MEMORIAL - NOT LESS THAN ½” (12MM) HIGH AND NOT MORE THAN 1” (25MM) HIGH.

CONSENT OF APPLICANT / GRAVE OWNER (please complete 1 to 5)

**1) Applicant’s Name & Address**……………………………………………………………………………….

…………………………………………………………………….……………………………………………………..

**2) Registered Grave Owner(s) Name(s)** (if different to applicant).…………………………………………

……………………………………………………………………………………………………………………………

**3)** My stonemason has advised me about insuring my memorial[ ]

**4)** I understand that it is my responsibility to ensure that this memorial is maintained in a clean

and safe condition and that Tamworth Borough Council will carry out safety tests on my

memorial as required by current Health and Safety guidelines.[ ]

**5)** Signature(s) of grave owner(s) (attach a separate sheet if required)

……………………………..…………………………………………**Date**……………………………………

……………………………..…………………………………………**Date**…………………………………...

**NB**: The registered owner must sign the application form if the owner is deceased then ownership to be transferred prior to the application being approved. **ALL** of the registered owners to sign and print their names on the application form (continue on a separate sheet if necessary).

**Signature of Stonemason**………………………………………………………**Date**……………….………….…

**Please Print Name**…………………………………………………………………………………………………...

**Position**………..………………………………………………………………………………………………………

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| --- |
| **PLEASE NOTE: INTERMENTS ALWAYS TAKE PRECEDENCE. PLEASE BOOK IN WITH THE CEMETERIES OFFICE AT LEAST ONE WORKING DAY BEFORE *ANY* INTENDED WORK TO ARRANGE A SUITABLE TIME AND DATE**  |