

Memorial Permit Application

The London Borough of Richmond upon Thames will grant permission to carry out memorial works on the grave detailed below, subject to the acceptance of the following conditions by the Grave Owner / Applicant and Mason. No work should be started on a memorial before the Cemetery Office has approved it. The London Borough of Richmond will not be responsible for any losses incurred for works to a memorial that were not approved. To ensure a permit is issued within 10 days, please check all sections of this form have been filled in correctly and additional information attached, if necessary. You are welcome to discuss your application with a member of staff before you submit it.

Cemetery _____ Section _____ Grave No: _____

Full name of deceased / s _____

To be read and signed by the Memorial Mason carrying out the work:

I have been instructed to carry out the memorial work, a full description, including materials, dimensions, inscriptions and fixing methods, is submitted with this form; the applicant has seen and approved these. All work I complete will be in accordance with the Councils' regulations and meet with the NAMM's Code of Working Practice (2003 or any later version).

- I agree to be responsible and pay for any damage to Council property or to surrounding memorials, turf etc, caused by the negligence of myself, my workmen and / or any subcontractor employed by me.
- I have Public Liability insurance to the value of £5,000,000.
- I agree to remove all unused materials/rubbish, and leave the area in a neat and tidy state
- I will not work while a funeral is in progress.
- I will advise my client that memorial insurance is available and will only display a trade name on the memorial if the applicant gives his / her permission.

Trading Name and address: _____

BRAMM / NAMM MEMBER: YES / NO *please delete as appropriate*

Telephone No _____ Fax No _____ Email: _____

Signed _____ Print name : _____ Date: _____

Please give a copy to the Grave Owner / Applicant and send two copies with your detailed work description, to: The Cemetery Office, Sheen Road, Richmond, TW10 5BJ

Tel No: 020 8876 4511 Fax No 020 8878 8118

To be read and signed by the Grave Owner / Burial Applicant

- I understand that I am responsible for the costs of erecting and maintaining the memorial
- Should the memorial fall into a state of disrepair, or become a hazard to Health & Safety, the Council have the right to remove the memorial from the Cemetery and I will be responsible for any expense incurred; such work may have to be carried out without me receiving prior notice.
- I will inform the cemetery office of any change of name or address
- I understand that the memorial may need to be covered / moved and replaced, by cemetery staff to gain access to prepare a grave.
- A memorial application fee will be paid if the grave is un-purchased. The cemetery office will advise the fee applicable at the time of your enquiry.

Full Name & Address: _____

Telephone No _____ Email: _____

Signed _____ Dated _____