



Kirby Muxloe Parish Council
Council Office, Station Road, Kirby Muxloe, Leicester, LE9 2EN
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Application to Erect a Memorial

- Please complete all relevant areas of this application.
- Should the application be incomplete or the writing illegible, it will be returned unprocessed.

SECTION 1: DETAILS OF GRAVE		
Grave Number:	Section:	Deed of Grant Number:

To be completed 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 Cemetery Regulations and meet with NAMM's Code of Working Practice (2003 or any later version) and or BRAMM's requirement of BS 8415 for installation.

- I agree to be responsible and pay for any damage to Cemetery property or to surrounding memorial, turf etc, caused by 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

WORK MUST NOT COMMENCE UNTIL APPROVAL HAS BEEN GRANTED BY THE COUNCIL

SECTION 2: DETAILS OF MEMORIAL MASON	
Name of Memorial Mason:	
Address including postcode:	
Telephone:	Email:
NAMM/BRAMM Registration Number:	

SECTION 3: DETAILS OF APPLICANT	Relationship to the Deceased:
Full name of applicant:	
Address including postcode:	
Telephone:	Email:

DECLARATION BY APPLICANT: (Tick as appropriate)	
A. I AM the registered owner of the Exclusive Right of Burial as recorded on the Deed of Grant and hereby apply for a memorial permit to be issued subject to the Rules and Regulation of Kirby Muxloe Parish Council. []	
B. I AM NOT the registered owner of the Exclusive Right of Burial as recorded on the Deed of Grant. I am a relative of the person buried in the grave but it is impractical for me to trace the rightful owner and I hereby apply for a memorial permit to be issued to place and maintain, or add an inscription on a memorial on the grave. I further declare that should the rightful owner be traced I agree to remove the memorial at my expense if requested. []	
I understand that I am responsible for the maintenance of the memorial and that the council may take action they deem necessary should the memorial become unsafe or dilapidated. I also understand that the memorial may be removed temporarily to allow burials in adjacent graves of this grave.	
Signature:	Date:

SECTION 4 : DETAILS OF MEMORIAL WORKS

MEMORIAL PERMIT TYPE (tick as appropriate)

NEW HEADSTONE (full burial plot)	()	NEW HEADSTONE (cremation plot)	()
NEW STONE VASE/TABLET	()	EXISTING MEMORIAL (modification or inscription)	()

Approved dimensions relating to memorials.

Full Burial Memorial:

Memorial

Height – 840 mm (30")
Width – 600 mm (24")
Depth – 100 mm (4")

Memorial Granite Base:

Height – 102 mm (4")
Width – 838 mm (33")
Depth – 381 mm (15")

Maximum foundation sizes: 3' x 3' x 18"

Memorial maximum height 34"

Cremation Memorial:

Memorial

Height – 530 mm (21")
Width – 406 mm (16")
Depth – 75 mm (3")

Memorial Granite Base:

Height – 76mm (3")
Width – 457mm (18")
Depth – 305mm (12")

Maximum foundation sizes: 3' x 2' x 18"

Memorial maximum height: 24"

For children's graves, these dimensions have to be reduced to a maximum of 30 inches (762mm)

Memorial	Height		Width		Depth	
Memorial Base	Height		Width		Depth	
Foundation	Height		Width		Depth	
Memorial height from ground level including base + foundation						
Memorial Material to be used						

NB. The exact dimensions of the proposed memorial must be given in every case. You must specify the dimension in relation to the drawing of the memorial and include your method of fixing. If necessary, you may supply the information on a separate sheet and attach it to this application.

DESIGN OF MEMORIAL

INSCRIPTION	MEMORIAL DRAWING & DIMENSIONS

FOR OFFICE USE ONLY

Date Received	Date Fee Paid
Fee Received	Receipt No
Approved By	Permit No