



# Memorial Permit Application

## DETAILS OF GRAVE:

Section:  Row:  Number:

Name of Deceased:

Date of Interment:  Grant No:

## FULL NAME(S) OF GRAVE OWNER(S):

Name:

ADDRESS:

County:  Post code:

Name:

ADDRESS:

County:  Post code:

I/we, being the legal owner(s) of the EXCLUSIVE RIGHT of BURIAL for the above grave, and being aware of the regulations and restrictions in force, give permission for the memorial works described below to be carried out. I/we hereby indemnify LRC Burial Services in respect of any claims or demands that may be made at any time in connection with, or arising out of any such works being undertaken.

I/we understand that the maintenance and safety of the memorial is my/our responsibility. I/we confirm that no unauthorised items will be placed on the grave and if identified will be removed.

## GRAVE OWNER(S) SIGNATURE:

Signed:  Dated:

Signed:  Dated:

MEMORIAL COMPANY:

ADDRESS:

## MEMORIAL WORKS: (Tick box and/ or state nature of work as applicable)

Erect a new memorial	<input type="checkbox"/>	Erect a Garden of Remembrance memorial	<input type="checkbox"/>
Add an inscription to any memorial	<input type="checkbox"/>	Install a replacement memorial	<input type="checkbox"/>
H & S installation	<input type="checkbox"/>	Refurbishment / repair to an existing memorial	<input type="checkbox"/>
Vault Plaque (New/Add Inscription)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Office Use Only Receipt No:  Permit No:

Fee Paid:  Installed Date:

## DIMENSIONS

Headstone:      Width:       Thickness:       Height:   
Headstone Base:      Width:       Thickness:       Depth:   
Foundation:      Width:       Thickness:       Depth:   
Bearer Slab:      Width:       Thickness:       Depth:

Colour of Memorial:       Material of Memorial:

### Inscription

### Sketch

(Please add additional dimensions for kerb-sets)



### Licensed Mason Details

I confirm that all memorial works shall be carried out in accordance with BS8415 or any Industry Standard or Code of Working Practice which complies with and conforms to the above standards. This includes any LRC Burial Services' Policies of which a Certificate of Compliance will be issued to the grave owner. I accept that I am responsible for meeting the above standards and am accountable for any breach of the standards.

NAME:

LICENCE DETAILS

ADDRESS:

Signed:       Dated:

### APPOINTMENT APPLICATION:

A minimum of 24 hours notice must be given of the date on which it is intended to carry out the works.

Date:       Time:

Date & time approved by:

PERMIT APPROVAL      PERMIT No:

Name:       Position:

Signature:       Date: