APPLICATION FOR PERMIT TO ERECT A MEMORIAL

**OR PLACE AN ADDITIONAL INSCRIPTION ON AN EXISTING MEMORIAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Deceased: | | | |
| Deed No: | Copy Attached | Grave No: | Section: |

Type of Memorial (please tick as appropriate)

|  |  |  |
| --- | --- | --- |
| Vase | Headstone | Tablet/Plaque |
| Bench | Footstone | Additional Inscription |

A sketch or image of the memorial should be attached to the reverse of this form, showing all dimensions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I the undersigned, First name: | |  | Last name: |  |
| Address: | |  | | |
| Telephone number: | |  | | |
| Email address: | |  | | |
| Being the owner of Grave No: | |  | in Section: |  |
| of Brackley Road Cemetery Buckingham, and having received a copy of the rules and regulations of the cemetery, as contained in the Town Council’s Brackley Road Cemetery Handbook, hereby apply for consent to erect a memorial on that grave. | | | | |
| Signed: |  | | Date: |  |

To be completed by a Town Council approved stonemason:

|  |  |  |  |
| --- | --- | --- | --- |
| I have been instructed by the said person above, to carry out the above work in accordance with the Town Council’s rules and regulations and agree to pay for and make good any damage I or anyone working in my employ might cause | | | |
| I confirm that I have seen a copy of the Exclusive Right of Burial Deed (please tick) | | |  |
| Signed: |  | Dated: |  |
| On behalf of: |  | | |

Diagram with full dimensions, type and colour of stone and/or proposed inscription:

**IMPORTANT NOTICE**

* Parties should have received a copy of and be familiar with Buckingham Town Council’s Brackley Road Cemetery Handbook, available from local funeral directors or from the Town Council office and on the town Councils Website ( www.buckingham-tc.gov.uk)
* No works are to commence in the Cemetery before a permit is granted
* Memorial permits will only be granted where Exclusive Rights of Burial have been purchased
* Liability – Memorials shall remain in the cemetery at the sole risk of the grave owner. The Town Council shall not be responsible for any injury or damage caused to any person or memorial
* All memorial installations must conform to the NAMM Code of Working Practice

**Stonemason – please complete**:

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Registration No: |  |
| Address |  | | |
| Contact |  | Telephone Number |  |

**This completed application must be returned to**

**Buckingham Town Council, The Buckingham Centre, Verney Close, Buckingham. MK18 1JP.**

For Town Council use only – Approved by: Date