ADDITIONAL NOTES

1. Every headstone or memorial erected over a grave space should bear the number of that grave space inscribed in letters 19.05mm (3/4") in height on the side or back of the headstone.
2. All memorials must be of a material approved by the Council i.e. natural granite, marble, or other material as may be approved by the Council. Metal and plastic are not suitable materials for use in memorials or decorative surrounds.
3. All memorials must be installed to the most recent NAMM standards. All graves must be marked, prior to installation, by the Council.
4. A minimum period of six months must be allowed after the interment date before a memorial is erected, due to grave settlement.
5. In order to comply with Health and Safety requirements, the Council will inspect memorials for stability on a regular basis. Any memorials found to be unstable will be temporarily made safe by the most suitable means, reinstatement being the responsibility of the Deed holder.
6. Kerb surrounds may only be allowed where there has been a tradition of their use. Please check before taking an order.
7. The details of the grave and appropriate fee can be obtained by calling the number on the front of the form, failure to provide the correct details will result in the application form being returned.

FOR OFFICE USE ONLY

Comments .....

.....

.....

Date received .....Fee ..... Receipt No. .....

Approved ..... Date .....

Examined ..... Date .....

BURNHOPE PARISH COUNCIL

Contact : clerk@burnhope-pc.gov.uk Tel: 07582 547757

MEMORIAL APPLICATION

This form must be completed IN FULL and submitted to the above office, along with the appropriate fee (if any doubt about fees payable please ring).

PLEASE PRINT ALL INFORMATION

Section ..... Grave No. ..... Date of purchase of exclusive rights .....

TO BE COMPLETED BY DEED HOLDER

In accordance with the Council information and regulations, I hereby apply for permission to undertake monumental work. I agree to have any memorial examined for safety purposes on a basis determined by the Council (see note 5 on back page). I understand that this memorial may have to be removed from the grave to facilitate subsequent burials.

Name .....

Address .....

.....

Signed ..... Date .....

TO BE COMPLETED BY MONUMENTAL MASON/FUNERAL DIRECTOR

i/We agree to comply with the Council's Information and Regulations regarding memorials. I/We shall guarantee all workmanship to be free from major defect for a period of .....(minimum 10 years)

Name ..... Tel. No. .....

Address ..... Email .....

.....

Signed ..... Date .....

I sign above to confirm that the works will be carried out in full accordance with the NAMM code of working practice.

Company Reg No. BRAMM registration no. ..... NAMM registration No. .....

Fixer No. BRAMM ..... RQMF ..... C&G .....

MEMORIAL DETAILS

Please tick options

Headstone	☐	Plaque	☐	Reposition	☐
Replacement	☐	Vase	☐	Tablet	☐
Add inscription	☐	Kerb set	☐		
Clean/Renovate	☐	Repair	☐	Refix to	☐

NAMM standards

Proposed Inscription

.....

.....

.....

.....

Additional information (method of installation, materials, colour of stone, fixing practices, size of dowels to be used etc)

.....

.....

.....

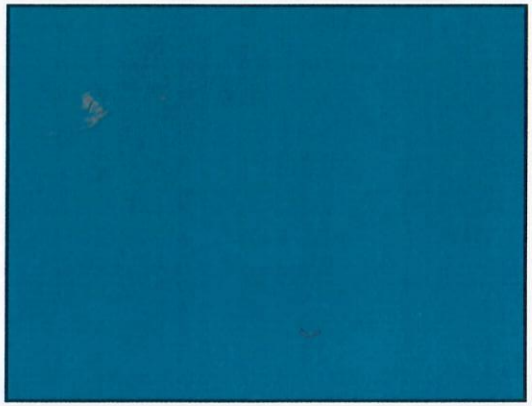
Name of Ground Anchor System used:

Nettlebank EZY Fix	☐	NAMM Solid	☐	Nettlebank LOK-DOWN	☐
Blastshop System	☐	CCA S/S Threaded	☐	Poured Concrete	☐

MEMORIAL DETAILS (continued)

All dimensions are in inches/millimetres (delete as appropriate)

Memorial Plate H D W



Memorial Base H D W

Sub Base H D W

Foundation H D W

Please indicate the position of stainless steel fixing dowels and the ground level on the diagram above.

Composition of foundation Sand %.....

cement % .....

Aggregate % .....

Kerbs or borders diagram must be provided including dimensions

Any other details should be attached on a separate sheet