Walton in the Wolds Parish Council

**APPLICATION TO ERECT A MEMORIAL**

***Please note that to protect your grave and as required by law only the grave owner can authorize any memorial and therefore MUST sign this form and send proof of ownership***

1. Name of deceased
2. Name of current OWNER of the grave space
3. Grave / plot number
4. Address of current owner
5. Signature of applicant (Owner of grave space)

Date

1. Description of memorial:

\*HEADSTONE / CREMATION TABLET / VASE / ADDITIONAL INSCRIPTION

\* Delete as necessary

Other

Natural material to be used

Photo plaque: YES / NO (please note that copy of photograph should be enclosed)

1. Existing memorial: YES / NO
2. Please indicate if: INITIAL INSCRIPTION / ADDITIONAL INSCRIPTION

**INSCRIPTION REQUIRED**

1. DESIGN OF MEMORIAL WITH SIZES: (Use freehand sketch or attach picture)

**DESIGN & SIZES**

1. Type of ‘NAMM approved’ fixing used
2. Name of Mason

Address

Telephone number Email

1. SIGNATURE OF MASON

By countersigning this application the Mason agrees to guarantee the stability of the monument for at least five years from the date of installation (with the exception of malicious damage, severe storm damage or ground subsidence).

Note: without the countersignature the authority to proceed will not be given. This includes the re- installation of monuments that have had additional inscriptions incorporated.

All monuments will be stability tested after 30 days of the installation and five yearly thereafter.

# OFFICE USE ONLY

FEE REQUESTED £ VAT INVOICE NO \_ DATE \_ FEE RECEIVED RECEIPT NO \_

AUTHORITY TO PROCEED: CLERK/CEMETERY MANAGER: Y / N MEMORIAL INSTALLED \_ \_ \_

DATE OF INITIAL STABILITY TEST \_ \_

(Not before 30 days after installation)

SIGNATURE OF CLERK / CEMETERY MANAGER \_ \_