

MEMORIAL WORK APPLICATION FORM

Cemetery:

Grave Number:

Section:

This form is available at: <http://www.brent.gov.uk/cemetery.nsf/Pages/LBB-20>

Please sketch the planned Memorial design, giving its dimensions

Proposed inscription or other work:

NOTE: The Grave number and section must be cut on to the memorial in a letter size of no less than 18mm.

WILL "ALL RISKS" INSURANCE BEEN APPLIED FOR? YES / NO

Material: _____

Height: _____

Length: _____

Landing Details: _____

Memorial Mason

Name and address of Monumental Mason (where permit will be sent):

NAME: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE: _____

The Mason hereby agrees:

- 1. All fixings will be carried out to NAMM Code of Working Practice at time of fixing. A NAMM Certificate of Compliance or standard 10 year guarantee will be issued on completion of the fixing of each Memorial.**
- 2. To provide a service to remove a Headstone if requested. Headstone ground anchor must be installed in such a way that, should cemetery staff need to remove it, there will be no need to split the stone from a base plate.**
- 3. The Grave Number and Section will be cut on the right hand side of the foot kerb/post, or if headstone only, at the right hand side of front of base. Characters shall be 18mm minimum. For Plaques: Characters must be 12mm minimum at the bottom right hand corner.**
- 4. Work carried out within Brent Cemeteries will be covered by the Masons Employers and Third Party Public Liability.**
- 5. That all newly fixed or repaired memorials must have a legible warning sign indicating a period of time which must be left until they are touched.**
- 6. That they will inform the Council of the date on which the memorial is being fixed, and they will confirm its fixing in the cemetery.**

Signature of Mason:

PRINT NAME: _____

ADDRESS:

DATE: _____

Applicant/s

The applicant/s hereby agrees:

1. That they are the owner of the monument or gravestone and if a Grave Owner is deceased that the Burial Rights must be re-registered before new memorial works will be approved.
2. That the property in the monument or gravestone shall, when erected in the cemetery, continue to be vested in the Applicant/s and shall not be or become vested in the Local Authority.
3. That the monument or gravestone will be kept in good repair and condition at all times and to indemnify and keep indemnified the Local Authority against all actions, proceedings, claims, demands, loss or liability arising from failure to do so.
5. That the Council may test their memorial every 5years
6. That they are aware that the Council actively encourage they take out of Memorial Insurance
7. That they will inform the Local Authority as soon as practicable address changes.
8. That they agreed that the works described in this application be carried out.

Signature of Applicant/s

PRINT NAME:

ADDRESS

DATE:

PHONE NUMBER:

MEMORIAL WORK APPLICATION FORM

Please send this completed application form along with the appropriate fee to:

Cemeteries Department
Mezzanine Floor
Brent Civic Centre
Engineers Way
Wembley, HA9 0FJ

FOR OFFICE USE ONLY

WILL "ALL RISKS" INSURANCE BE APPLIED FOR? YES / NO

FORM RECEIVED...../...../20.....

FEE: £.....

RECEIPT No.....

CHECKED BY:.....

ANY OTHER RELEVANT INFORMATION:

APPROVED ON BEHALF OF LONDON BOROUGH OF BRENT COUNCIL BY:

NAME:.....

PRINT:.....

DATE:.....