Crowle & Ealand Town Council

The Chapels
Crowle Cemetery
Mill Road
Crowle
DN17 4LN
Monday to Thursday 9:00am to 1:00pm
Email: rfo@crowleandealandcouncil.org
Telephone: 01724 710020

## Application Form to:
## Erect a Memorial / Kerb set / Additional Inscription

This form must be carefully and accurately completed and delivered / emailed to the Council Office.

This Council will not accept any instructions by telephone. Please read carefully and ensure all information is correct before signing and submitting this form. Rules and Regulations and further information can be viewed at www.crowleandealandcouncil.org

Crowle Cemetery, Mill Road, Crowle, DN17 4LN

**GRAVE NUMBER** …… **GRAVE LOCATION**…….

**Please Select from the following:**

Erect a Headstone ☐ Kerbset ☐ Plaque ☐ Additional Inscription ☐ Renovation ☐

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**TO BE COMPLETED BY THE REGISTERED GRAVE OWNER**

I hereby certify that I am the registered owner and apply to erect and place a memorial and accept responsibility for the memorial's security and safety for the minimum permit period of 50 years.
I have carefully read the Rules and Regulations and this application form for Crowle & Ealand Town Council Cemetery and by signing this application form I will be regarded as understanding those rules and having had the opportunity to raise any concerns about them before signing.
I consent to and hereby authorise the removal of anything introduced, placed or planted on the grave or the memorial which has not been previously approved in writing in accordance with the Cemetery Rules and Regulations.
I understand that should an inspection highlight any issues regarding breach of installation criteria, the memorial will be removed. Re-fixing will only be permitted once the criteria is met.
I understand and agree that if the memorial becomes insecure and unsafe the memorial may be laid flat immediately to avoid the risk of injury and damage or that it may be removed.
I consent to my name and address being recorded in the Town Council records (paper filing system and electronic database) for managing and maintaining the cemetery and associated records.

Name of Grave Owner: …… Rules & Regs Shown: **YES / NO**

Address: ……

Postcode: …….. Telephone No: ……

Email: ……

Signature: …… Date: ……

**TO BE COMPLETED BY THE MOMUMENT MASON**

We agree to be responsible and to pay for any damage which may be occasioned to the property of the Authority or to any adjacent vault, grave, tomb, monument or memorial stone due to any negligence on the part of my (our) workmen or workmen of any sub-contractor employed by me (us) relating to the work referred to in this application.

We agree to indemnify Crowle & Ealand Town Council against any liability that may arise out of any failure on our part to construct and install the memorial in accordance with British Standard BS 8415.

We undertake that the memorial will be strictly in accordance with the details provided on this form.

We undertake that the memorial will be constructed and installed in accordance with the British Standards 8415 on any foundations, repairs etc. and will be installed by NAMM(RQMF) registered installer.

**Installation Procedure:**

1. **Mason must book an installation date, prior to any work commencing.**
2. **During installation – Images of all stages of installation must be sent to the Cemetery Manager (rfo@crowleandealandcouncil.org) to confirm NAMM proper practices.**
3. **Following installation, a site inspection will be conducted to confirm all waste materials have been correctly disposed of or removed from site if necessary.**

**NOTE: Anyone failing to comply to these procedures will be suspended from future work within Crowle Cemetery until remedial action is taken. Crowle & Ealand Town Council reserve the right to conduct on site inspections, at any time, of any persons working within Crowle Cemetery, to confirm registration documentation.**

The Section and the number of the grave space, together with the name of the Company stated on the application must be engraved plainly and to be clearly visible on the back or side face of the memorial no larger than 20mm high.

I hereby agree to abide by the Memorial Registration Scheme and any Cemetery Rules & Regulations in operation. Failure to do so may result in you being denied access to our cemetery to carry out work and could also result in your removal from the Council's approved list of Monumental Masons.

Name of Mason: …… Rules & Regs Shown: **YES / NO**

Address: ……

Postcode: …… Telephone No: ……

Email: ……

Signature: …… Date: ……

**COMPLETE ALL SECTIONS**

# Memorial Specification

| **Burial Memorials** | | | **Cremated Remains Memorials** | | |
|---|---|---|---|---|---|
| Memorial Dimensions (Head) | Height: | | Memorial Dimensions (Head) | Height: | |
| | Width: | | | Width: | |
| | Depth: | | | Depth: | |
| Memorial Dimensions (Base) | Height: | | Memorial Dimensions (Base) | Height: | |
| | Width: | | | Width: | |
| | Depth: | | | Depth: | |
| Total Height from Ground | | | Total Height from Ground | | |
| Foundation Dimensions | Height: | | Foundation Dimensions | Height: | |
| | Width: | | | Width: | |
| | Depth: | | | Depth: | |
| **Kerb Set** | | | Overall Dimension of Memorial | H X W X D | |
| Foundation Dimensions | Height: | | | | |
| | Width: | | Materials | Granite | |
| | Depth: | | | Marble | |
| Kerb Set Dimensions | Height: | | | Natural Stone | |
| | Width: | | | | |
| | Depth: | | Colour of Stone | | |
| State Fixing Method and Type, NAMM APPROVED: | | | Cremation Plaque | | |
| | | | Extra Vases | | |
| | | | Other: | | |

| Please provide a full drawing of the proposed memorial including fixing and inscription | Inscription to read |
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| | ……<br>……<br>……<br>……<br>……<br>…… |

**FOR OFFICE USE**

Approved Cemetery Manager: Sign …… Date ……

Images received and attached **Yes/No**

Permit Issued **Yes/No** Permit Number ……