

MANSFIELD DISTRICT COUNCIL – Cemetery Memorial Application Form

PLEASE deliver in DUPLICATE to : Cemeteries Office, Mansfield Crematorium, Derby Road,
Mansfield, Nottinghamshire NG18 5BJ

**PROPOSED DESIGN AND INSCRIPTION FOR MEMORIAL
TO BE COMPLETED BY THE MONUMENTAL MASON**

Name of Cemetery					Grave Number	
Memorial Size Details					Monumental Masons Details	
	Memorial (inc base)	Foundation Base	Kerbs	Vase	(Name as given on approved list, must be recorded on base of memorial with number of grave in all cases. No other advertising will be permitted.)	
Height						
Length						
Width						
Thickness						
Permit No.					Company Name	
					Company Address	
					Fee £	A/C NO.

MEMORIAL DETAILS

INSCRIPTION	DESIGN OF MEMORIAL
State Material to be used (The number of the grave corresponding with the Grave Register must be cut upon the rear of the memorial)	State Method of Fixing (Must be NAMM approved for all new fixings)

FOR OFFICIAL USE ONLY - PERMIT TO ERECT MEMORIAL	On behalf of the Registrar of Cemeteries I give permission for the memorial detailed above to be fixed having checked that the method of fixing, as described is an approved one and that the details given on the memorial inscription are correct.	Approved on: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> By: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
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TO BE COMPLETED BY THE REGISTERED GRAVE OWNER

I hereby apply for the right to erect and place a memorial, as defined by and subject to the Rules of Management of the Mansfield District Council Cemeteries. The right for which I now apply is not to confer on me any right to retain the memorial after its erection and placing. For any such right to retain I rely solely on the Exclusive Right of Burial in the grave and I hereby certify that the application is correct.

Grave Owner's Name in Full (Mr, Mrs, Miss, Other)	
Grave Owner's Address in Full	
Grave Owner's Signature	
Relationship to deceased	

TO BE COMPLETED BY THE MONUMENTAL MASON

I 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, by reason of any negligence on the part of my workmen or the workmen of any sub-contractor employed by me in connection with the work referred to in this application

Name of Monumental Mason in Full	
Address of Monumental Mason in Full	
Telephone Number	
Signature of Monumental Mason	
Is there an existing memorial on the grave (Please note this will effect the fees charged by us)	

- All fees in connection to this application must be paid to 'Mansfield District Council' at the address printed on the invoice.
- One copy of this application will be retained at the Cemeteries Office the other will be returned, with the permit signed, to the Monumental Mason.
- The permit **MUST** be submitted to the cemeteries staff before fixing or carrying out any work on any memorial – if the mason is found without a permit then permission to fix will automatically be denied.
- The mason **MUST** see a member of the cemeteries staff in order to get the statement below signed correctly.
- Fixing may only take place within normal working hours as indicated below. Spot checks will take place by the staff and any infringements to the permit will have to be rectified as a matter of urgency.

Monday – Friday	8.00 am – 3.00 pm
Weekends, Bank Holidays	No fixings whatsoever
Christmas	No fixings after 12noon on last working day prior to Christmas until after the New Year unless by prior appointment

TO BE SIGNED AFTER FIXING BY THE PERSON WHO CARRIED OUT THE WORK

I declare that the work has been carried out in accordance with the fixing method detailed and in the presence of cemetery staff.

Signed _____ on behalf of _____