Memorial Permit Application

Cemetery	Grave no:	Section
		(your full name)
		(address)
I would like to; (tick as	s applicable)	
O Install and m	naintain a memorial or kerbs	
O Install and m	naintain a vase and plinth/tablet	
O Install and m	naintain an additional inscription	on a memorial
O Repair / ren	ovate a memorial	
○ Clean a mem	norial	
I enclose the Exclusive Right of Boundary Statutory Declaration as evidence		
	to which this application applies is misk. The memorial will be fixed in ac	
I understand that the Council ma is found to be unsafe at any time	ay make the memorial safe by the me.	nost cost-effective means if it
I have read and understood Rosse will adhere to its terms and cond	endale Borough Council's Cemetery ditions.	Rules and Regulations and I
in good, safe condition. I also und	private insurance for the memorial anderstand that the memorial may be yorks that may be required, for exan	inspected following the works
I enclose the following fee £	(permit fees and charges are avai	lable on the Council's website)
Signature:		Date:
,	n to whom the right of burial has been gregistered owner is deceased the signators, the next of kin.	
you are not the registered grave	e owner state your relationship t	to the registered owner
Mason's details		
Company name;	Contact name;	;
Address;		
	Email	
BRAMM registration number		

Details of Work

Please provide a copy of all inscriptions to be cut on the memorial and an annotated illustration of the proposed memorial showing its design together with the dimensions / specification of all components and fixings being used. You'll also need to show the material used in each component of the memorial.
Inscription / s
Drawing

All fees must be paid in full and written approval granted by the Council prior to any work taking place. Fees for work to memorials are available from individual masons. All works must be carried out to the satisfaction of the Registrar, in accordance with Rossendale's Cemetery Rules and Regulations and BS8415.

Please return the completed form to the address or email address below

Forms not completed in full will be returned immediately without notice

For Official use:		
Received	_Receipt No	
Amount Paid	_	
Signature	Date	

For further information please contact the Bereavement Office Tel: 01706 238601, Fax: 01706 873557 Rossendale Borough Council, The Business Centre, Futures Park, Bacup, OL13 0BB

Email: cemeteries@rossendalebc.gov.uk