

## Application for approval of a new memorial/additional inscription

### Cemetery (please tick one)

- East Sheen                       Richmond                       Teddington  
 Twickenham                       Old Mortlake                       Hampton

Grave number: \_\_\_\_\_ Section: \_\_\_\_\_ Surname of deceased: \_\_\_\_\_

Mason/Company name: \_\_\_\_\_

This form must be completed **IN FULL** by the monumental mason and signed by **ALL** grave owners before the works are considered. Any incomplete forms will be returned without notice. Please read the notes overleaf before submitting. Please send the completed form to the address below. Cheques for fees payable to LBRUT (London Borough of Richmond Upon Thames). **Forms sent without fee will be returned without notice.**

### Details of works (attachments are not accepted)

#### Sketch the design of the memorial here

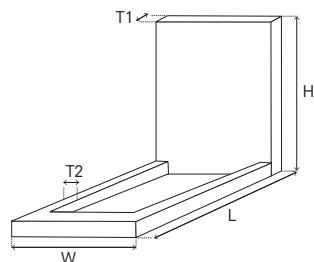
#### Write the full description here indicating where on the memorial the inscription will be included

Material to be used: \_\_\_\_\_

The grave number and section must be clearly inscribed on all memorials

#### Dimensions (full memorial)

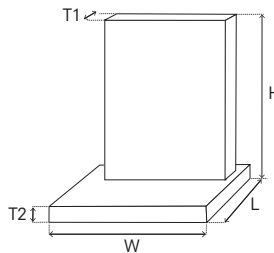
Please use feet and inches



L: \_\_\_\_\_  
 W: \_\_\_\_\_  
 H: \_\_\_\_\_  
 T1: \_\_\_\_\_  
 T2: \_\_\_\_\_

#### Dimensions (headstone only)

Please use feet and inches



L: \_\_\_\_\_  
 W: \_\_\_\_\_  
 H: \_\_\_\_\_  
 T1: \_\_\_\_\_  
 T2: \_\_\_\_\_

#### Fixing details

Type of dowel: - stainless steel, grade 304  (tick to confirm)

Length of dowel: \_\_\_\_\_ mm

Type of adhesive: \_\_\_\_\_

Thickness of dowel: \_\_\_\_\_ mm

#### Registration

BRAMM/NAMM number: \_\_\_\_\_ or Registered with the cemetery office:

## Correspondence

Correspondence should be directed to

The Cemeteries Office, East Sheen Cemetery, Sheen Road TW10 5BJ

Tel: 020 8876 4511 Email: cemeteries@richmond.gov.uk

continued overleaf

## Important information

The following is deemed as useful information. Stone masons must check and adhere to the regulations regarding memorials and their fixing in the current revision of the cemetery regulations found at [www.richmond.gov.uk/cemeteries](http://www.richmond.gov.uk/cemeteries). A copy is available from the cemetery office on request.

- 1. Grave ownership.** If this application is for a new memorial (including kerbs and landings where applicable), works to alter/add to an existing stone or the addition of a name and/or inscription for a non-owner then all living owners must sign this form in ink. Where an additional inscription of an owner of the grave is required any living owners must sign the form. Where the owner's inscription is required and there are no living owners (full name and dates of birth and death only) the applicant for the burial must sign. Should any other work be required where there is no living grave owner the ownership of the grave will need to be legally transferred. Please ask the client to contact the office. The form may not be signed or submitted until the transfer has been completed.
- 2. Insurance.** Memorials placed in the cemetery are done so at the risk of the grave owner/s. Memorials do not become the responsibility of the council or its contractor/s and it is strongly advisable to insure memorials against damage and vandalism etc.
- 3. No memorial is to be erected on a grave in the traditional areas of the cemetery until at least 12 months have past since the last burial (excludes the burial of cremated remains)**
- 4. The grave number and section must be clearly inscribed on all memorials**

### Details of stone mason

Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Declaration.** I have read and understood the current regulations regarding memorials and their fixing. I will not fix the memorial until I have received permission in the form of a memorial permit from the office and will adhere to its terms and conditions. I understand that the memorial will be checked after fixing and I am liable for any further works that may be required by the cemetery manager or his/her nominated colleague in respect of adjustment to its position, removal of inscribed lettering not included in this application or the addition of the grave number if omitted. I confirm that the memorial will be made, assembled and fixed in accordance to BS8415.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Grave owner/s (all grave owners must sign this section)

**Declaration.** I/we have checked the details on the reverse of this form and grant permission for the memorial to be erected on the grave (indicated on page 1). Where there is no living owner (see 1 above) I confirm that I have consulted with all family members and there is no objection to the proposed works – including the removal of the stone from the cemetery to complete said works.

#### Owner 1/Applicant (see 1 above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

#### Owner 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_