Bodmin Town Council

Memorial Application for Bodmin Cemetery

This **application** is to be completed and signed by the Owner of the Deed of Grant of the Exclusive Right of Burial and the Memorial Mason **for every kind of work** proposed to be carried out in relation to a memorial at Bodmin Cemetery. Please note – if you are the next of kin applying on behalf of the Exclusive Right holder we will require the signature of the Exclusive Right holder.

Please note this form constitutes an application only and no works should be undertaken until written permission is granted by Bodmin Town Council. Bodmin Town Council will not be responsible for any losses incurred for works to a memorial that were not approved.

Please note an incomplete form cannot be accepted for processing

Section One: For Grant Owners Use

| Name of Deceased | | | | | | |
|--|---|--------|----------|------|---|--|
| Grave or Memorial Plot Reference No | | | | | | |
| Date of Burial | | | | | | |
| Full Name of Applicant | | | | | | |
| Status of Applicant | Exclusive Right | Holder | Executor | Ne | ext of Kin | |
| Please tick relevant box | Of the Deed of Grant Exclusive Right of Bu | | | rela | ease specify ationship to the ceased (e.g. son) | |
| I understand that the memorial remains my property and as the registered owner/executor/next of kin - of the holder of the Deed of Grant of Exclusive Right of Burial I am responsible for the costs of erecting and maintaining the memorial at all times to meet current, and any future, Health and Safety Regulations that may be applied If, at any time, the memorial is found to be in an unsafe condition I accept that the memorial may be laid flat and that I will be responsible for the cost of any subsequent renovation or remedial work if I choose to have the memorial reinstated. I will ensure that I notify Bodmin Town Council, in writing, of any change of address to enable them to notify me of any change in regulations that may affect the grave or memorial. | | | | | | |
| Signature of Exclusive Right holder | | | | | | |
| Date | | | | | | |
| Address including postcode | | | | | | |
| Daytime tel no. | | | | | | |
| | | | | | | |

| I have read the attached Privacy I data I have provided to contact me | | | I understand that the Council may use the tick the box to agree. |
|--|---|---|--|
| A copy of Bodmin Town Council's lavailable to be downloaded from the | | | rom the Bodmin Town Council Office or are gov.uk |
| Section Two: | | | |
| To be completed by the Memorial memorial at Bodmin Cemetery. | Mason who will be car | rrying out work | k, of any kind, on a memorial or erecting a |
| Description of work: Please tick box | as appropriate and provi | ide details | |
| □ Additional work | | | □ Repair work |
| $\hfill\Box$ Erection of Headstone (please list st | tyle of memorial e.g. erec | ction of book) | □ Placing of Cremation Stone |
| Description: | | | |
| Memorial Material: | | T | |
| Type and colour of stone and det e.g. granite, NAMM approved ancho | | | |
| Type of decorative features, if any e.g. vase, photograph | y | | |
| Size Please give full dimensions of propo | osed memorial | | |
| | shown as it will be spac is on several sections of | ed and located of the memorial us | on the memorial se a numbered reference that corresponds with ttached to this application showing all relevan |
| Association of Memorial Masons. All work carried out on the memor code of practice as prepared by the look of look o | rial (e.g. removal for additive National Association of any damage caused to Commen and/or any subcontrol of the Deed of Exclusive sible for keeping it in a goal Association of Memora | tional inscription f Memorial Maso cuncil property of ractor employed leave the area in I is in progress e specifications a Right of Burial (of good and safe corial Masons at al | or to surrounding memorials; turf etc. caused by left by me and confirm we have appropriate public an a neat and tidy state. It is detailed in this application details overleaf) that the memorial remains their condition in accordance with the current code or litimes. |
| Signed | | | |
| Full name of signatory | | | |
| Date | | | |

Name and address of company

| The sexton may ask to see copies of this paperwork to ensure permission of Bodmin Town Council | e the work is being carried in accordance with the |
|--|--|
| Town Clerk | Date |
| I give permission for the memorial/inscription on Grave Space | in accordance with the particulars submitted to me |

Section Three:

Monuments, Gravestones, Tablets and Monumental Inscription Fees As from 1st April 2019

Section 34 of the Burial Act 1852 Local Government Act 1972 Article 15 of the Local Authorities Cemeteries Order 1977

Stonemasons are asked to inform their customers that free standing vases are not permitted and will be removed

In accordance with the current schedule of fees set out by Bodmin Town Council I/we enclose payment of the following fees:

| Item | F | ee | Amount Due |
|--|-------------|---------------------|------------|
| | Parishioner | Non- Parishioner | |
| New Cemetery | | | |
| Lawn style memorials only (may include integrated vase) | £143.00 | £429.00 | |
| NB – Kerbs, borders and footstones are not permitted in this section. No flat tablets may be placed in the grave. | | | |
| Subsequent inscriptions – in both the New Cemetery and Garden of Remembrance (to be contained on the original memorial or a replacement that meets Memorial Regulations) | £65.00 | £195.00 | |
| TOTAL DUE | | | |

All cheques to be made payable to 'Bodmin Town Council' Please complete and return the signed form to: The Town Clerk, Bodmin Town Council, Shire Hall, Mount Folly Square, Bodmin, PL31 2DQ Amount Receipt and Date This work was carried out on No special provision can be made for maintenance Signature of sexton