PERMIT NO:



MEMORIAL APPLICATION

Please complete and return to:
The Cemeteries Officer, Tamworth Borough Council, Marmion House, Lichfield Street, Tamworth, Staffordshire B79 7BZ. Tel: 01827 709343 Email: cemeteries@tamworth.gov.uk

Stonemason's Contact Details (To be completed by the stonemason)								
Phone No.		Email:						
Payment								
enclosed	Cheque No:		Plea	ase send inv	oice	No char	ge 🔛	
Permission is requested to -	Erect a new memorial							
	Amend an existing one			Please provide size and method of fixing				
	Refix to Namm standard			as with new memorials				
	Clean & renovate me							
DECEASED				GRAVE				
				NUMBER				
CEMETERY	** For newly purchased plots at Wigginton Road Cemetery please check with office regarding regulations							
		MEMOR	IAL DETA	ILS				
Material to be used	Colour of lettering							
Please give <i>maximum overall</i> size of memorial in inches								
		Length	Height	Width	Depth		£	
Headstone including Base Max height 48" Max width 30"						FEE		
Tablet Footstone Vase						FEE		
Kerbstone without landings Max length 84" Max width 36"								
						FEE		
Size of landings / foundations for kerbs Max length 87" Max width 39"								
Type of finish in centre of kerbs. Please tick appropriate box(es)		solid concrete slabs soil						
		chippings – colour						
Additional Inscription / Refix (Please attach details)		Book Headstone Kerbset				FEE	FEE	
		Vase	Footston	e 🔲 Table	t			
Non-Borough (Double Fees)						FEE		

CHANGES TO ORIGINAL APPLICATION - Any changes made to the memorial and/or inscription after approval has been given must be emailed through to this office immediately. Failure to do so could result in the application being delayed or rejected.

** PLEASE SUBMIT WITH EVERY APPLICATION **

A SKETCH / PICTURE OF THE PROPOSED MEMORIAL

Please attach a detailed picture/sketch of the proposed memorial including inscription details and indicate the height, depth and thickness of each part of the memorial in inches. Please include the overall height and length of the memorial and its bases above ground level.

NB: Copyright consent may be required for certain designs and/or decorations.

A FIXING DIAGRAM

To show how the memorial is to be fixed indicating the position of dowels and / or anchor fixing. All memorials must be fixed according the most recent edition of the National Associated of Memorial Masons Recommended Code of Working Practice.

** PLEASE ENSURE THAT THE **GRAVE NUMBER** IS INSCRIBED ON THE BASE AT THE REAR OF THE MEMORIAL - NOT LESS THAN $\frac{1}{2}$ " (12MM) HIGH AND NOT MORE THAN 1" (25MM) HIGH.

CONSENT OF APPLICANT / GRAVE OWNER (please complete 1 to 5)

1)	Applicant's Name & Address						
2)	Registered Grave Owner(s) Name(s) (if different to applicant)						
3)	My stonemason has advised me about insuring my memorial						
4)	I understand that it is my responsibility to ensure that this memorial is maintained in a clean and safe condition and that Tamworth Borough Council will carry out safety tests on my memorial as required by current Health and Safety guidelines.						
5)	Signature(s) of grave owner(s) (attach a separate sheet if required)						
	Date						
	Date						
trans	The registered owner must sign the application form if the owner is deceased then ownership to be ferred prior to the application being approved. ALL of the registered owners to sign and print their names application form (continue on a separate sheet if necessary).						
Sign	ature of StonemasonDateDate						
Pleas	se Print Name						
Posit	ion						

PLEASE NOTE: INTERMENTS ALWAYS TAKE PRECEDENCE. PLEASE BOOK IN WITH THE CEMETERIES OFFICE AT LEAST ONE WORKING DAY BEFORE <u>ANY</u> INTENDED WORK TO ARRANGE A SUITABLE TIME AND DATE