



# SKEGNESS TOWN COUNCIL

The Town Hall, North Parade, SKEGNESS, PE25 1DA

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Office Open Monday to Friday 9 am to 4 pm

tel (01754) 766113

**Town Clerk: S Larner**



## APPLICATION FOR PERMISSION TO ERECT MEMORIAL OR ADD ADDITIONAL INSCRIPTION ON SINGLE GRAVE\*

### Fee Enclosed £

**NB.** No application can be processed unless the correct fee is received. Cheques should be made payable to "Skegness Town Council" and enclosed with the application.

\*It has been discovered that some double memorials have been installed across reserved but unoccupied graves adjacent to the grave to which the memorial relates (often without permission). Where permission has not previously been granted for the reserved grave, an application and full application fee will be required before the memorial can be updated. The additional inscription fee is only applicable to a memorial on a single grave for which permission has already been obtained (e.g. where ashes have been added in addition to the original interment).

### ST MARY'S CEMETERY WINTHORPE

*Please read carefully*

Full names and addresses of Applicant(s)	Relationship of Applicant to Deceased
<b>Full name of deceased :</b>	
<b>Date of death of deceased :</b>	
<b>NB.</b> The Council's policy is that memorial should not be installed until 12 months after interment. In some circumstances the Town Clerk may, at his sole discretion, agree to reduce this to 6 months if prevailing ground conditions are deemed suitable. If in doubt it you should contact the Town Clerk prior to submitting the application.	
<b>Grave Number(s):</b>	

TO BE ANSWERED BY THE MEMORIAL MASON

<b><u>DIMENSIONS OF MEMORIAL</u></b>	
Please use metric measurements and complete ALL boxes	
Type of memorial :	
Type colour and finish of stone :	
Design/shape : please attach drawings. <i>A scale drawing - not less than 2.5 cm = 25 cm - of the memorial <b>must</b> be provided. The drawing <b>must</b> show the type and size of dowel used between the memorial and the base.</i>	
<b>Plate</b> : Maximum height measured from ground surface:	
Maximum width:	Thickness -
Minimum width:	
<b>Plinth</b> : Maximum height above ground surface:	
Maximum width:	Depth :
Distance between front of plate and front edge of plinth:	
<b>Foundation</b> : <i>please insert material and dimensions</i>	
<b>Notes</b>	
<i>(a) The foundation must not project above ground level and should be covered by soil.</i>	
<i>(b) The foundation stone must not be installed so that it overhangs a neighbouring grave unless permission is being sought for a double memorial (where both graves are occupied).</i>	
<b>PROPOSED INSCRIPTION</b>	
Style and finish of lettering:	
The exact wording of the proposed inscription:	
<b>Please note it is a requirement that the grave number and name of Memorial Mason is inscribed on the rear face of the memorial.</b>	

Details of any ornamentation:

**TO BE COMPLETED BY THE REGISTERED GRAVE OWNER**

*I,*

*(PRINT NAME).....*

*of (ADDRESS)*

*.....*

*.....*

*being the Registered Grave Owner confirm and agree as follows:*

- 1. I being the registered owner(s) of the grave accept responsible for the memorial's security and safety for the permit period of **20 years**.*
- 2. I have read and understand the Cemetery Handbook containing the regulations and will comply with them. We consent to and hereby authorise the removal of anything introduced placed or planted on the grave or the memorial which has not been previously approved in writing in accordance with the Cemetery Regulations.*
- 3. I understand and agree that if the memorial becomes insecure and unsafe the memorial may be laid flat immediately in order to avoid the risk of injury and damage or that it may be removed.*
- 4. My representative for future contact regarding the memorial – who will notify you of any change of address – is:*

*(Insert name and address of a contact person)*

- 5. If my nominated representative is no longer able to carry out this role, we shall nominate a new representative for future contact and advise the Council accordingly.*
  - 6. My representative will contact the Town Council in five years' time to check the safety of the memorial*
  - 7. I consent to my name and address being recorded in the Town Council records (paper filing system or electronic database) for the purpose of managing and maintaining the cemetery and associated records.*
- I consent to my personal information being shared with the relevant authority, when appropriate, in relation to my comment/complaint (For example East Lindsey District Council, Lincolnshire County Council).*

Please see our [privacy notice](#). For a paper copy please contact Skegness Town Council office.

**Signature of Owner**

.....

**Date** .....

**1. TO BE COMPLETED BY MEMORIAL MASON**

Full name and address  
**Including postcode**

Telephone and Fax Numbers

**Email address**

**Full name of person completing form**

**We undertake that the memorial will be strictly in accordance with the details provided on this form**

**We undertake that the memorial will comply with the Cemetery Regulations and in accordance with the Council's guidance and the Cemetery Handbook (available at [www.skegness.gov.uk](http://www.skegness.gov.uk))**

**We undertake that the memorial will be constructed and installed in accordance with the British Standards 8415 on any foundations, repairs etc and will be installed by a BRAMM or NAMM(RQMF) registered installer.**

**We agree to indemnify Skegness Town Council against any liability that may arise out of any failure on our part to construct and install the memorial in accordance with British Standard BS 8415.**

**Following installation we agree to provide the Council with a certificate of installation and a copy of the guarantee provided for the memorial.**

Signature of Authorised Person

**Full Name of Signatory(IN BLOCK)**

**Registration Body/No:**

**Date**

*~ Skegness Town Council ~*