APPLICATION FOR A LICENCE TO ERECT A MEMORIAL IN FAIR OAK CEMETERY OR FOR WORK TO BE CARRIED OUT ON AN EXISTING MEMORIAL

This application to be delivered together with a copy of the Grant of Exclusive Rights form to the Parish Office at the above address, prior to the erection or replacement of a memorial, after any work carried out to a memorial or the placing of a vase. No work is to commence until a permit form has been issued.

Name of person interred			
Address at time of death			
Date of Burial Grave Number			
Memorial Description: Headstone Vase			
Material Colour			
Dowell Size: Dowell Material			
Dimensions of proposed Memorial in millimetres.			
(mm) height x(mm) width x(mm) length PLEASE NOTE THE WIDTH DIMENSION IS FROM SIDE TO SIDE AND NOT BACK TO FRONT OF THE MEMORIAL			
The Grave number must be engraved on the back of all new and replaced headstones in letters of no more than 15 mm in height and may have with the name of the stonemason in letters of no more than 15 mm in height.			
Sketch of Proposed Memorial (Refer to current regulations on dimensions and materials)			
Proposed Inscription:			

Note: The maximum outside measurements above ground level for memorials erected within Fair Oak Cemetery are shown below. A small vase or urn may be used instead of a headstone. This may only be placed at the head of the grave where the headstone would normally be sited.

The width dimension is from side to side and not back to front of the memorial

	Height (mm)	Width (mm)	Length (mm)
		Side to side	Front to Back
Adult Grave	1 metre	760 mm	600 mm
Cremation Circle	600 mm	460 mm	460 mm
Cremation Line	600 mm	585 mm	585 mm
Child's grave	600 mm	600 mm	500 mm

Details of Applicant

I agree to abide by Fair Oak and Horton Heath Parish Council's "Regulations in Respect of Burials, Interment of Ashes and Erection of Memorials in Fair Oak Cemetery" and have instructed the stonemason to follow these regulations.

As the owner or person authorised of the Exclusive Right of Burial in the grave referred to above, I hereby authorise the erection of a memorial on the grave, or the work to be carried out as detailed above.

*SignaturePrin	t Name
Address of Applicant	
Relationship to deceased	
Stone Mason	
Address	
Telephone No	Email
Policy and Risk Assessments, Safe Meth	Council with the necessary Health & Safety nod of Working Statement for the specific espect of Burials, Interment of ashes and ry.
I confirm that I am a member of BRAMI Public Liability insurance and, if applicable	M/NAMM (or recognised equivalent), hold Employers Liability insurance.
I agree to notify the Council of the date the	proposed memorial/work is to be erected.
SignaturePrint N All memorials shall be fixed according t Practice or Guidance that are fully comp	o BS8415 and the relevant Codes of
Fee £ Da	ted

All fees to be paid by Bank Transfer: HSBC Bank Sort Code 40-20-10 Account Number 51403745. NO OTHER FORM OF PAYMENT WILL BE ACCEPTED.

^{*}Your personal data supplied on this Agreement will be retained to maintain our records and accounts. Your personal data will be treated as strictly confidential and will not be shared with any third party.