

Application for approval of monumental work

Cemetery (please tick one)

Putney Vale Wandsworth

Grave number: _____ Block: _____ 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 Enable Leisure & Culture.

Details of works (attachments are not accepted)

Sketch the design of the memorial here

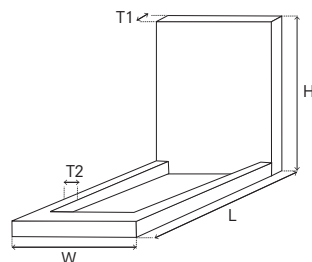
Write the full description here indicating where on the memorial the inscription will be included

Material to be used: _____

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

Dimensions (full memorial)

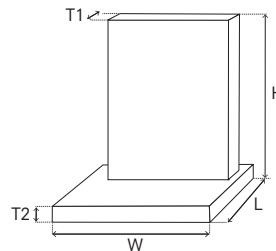
Please use feet and inches



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 number: _____ or Registered with Putney office: Yes*

* Valid until 31 December 2017 when all masons will be required to be BRAMM registered

Correspondence

Correspondence should be directed to

Putney Vale Cemetery and Crematorium, Stag Lane, Putney, London SW15 3DZ

Tel: 020 3959 0090 Email: bereavement@enablelc.org

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.enablelc.org. 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 block 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: _____

Owner 3

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Signed: _____

Date: _____