

Application for repair and/or renovation of a memorial

Cemetery

Battersea New (Morden) Cemetery

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 (or the client in the case of no living grave owner) 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. Once approved a permit will be sent to the memorial mason.

Details of works (attachments are not accepted)

- Repairs to headstone/curbs/landing
- Cleaning of the memorial
- Reguilding/repainting of inscription as per original design/permit
- Addition of grave number and block number (required if not currently present)
- Other. Please specify: _____

Note that no alteration or additions to any inscription are permitted using this form. If an additional inscription or alteration is required a new permit application form must be submitted. Should the memorial not bear the grave number and or block number this must be added to the memorial during the repair/renovation.

Details of how the works will be completed

- The above works will be completed onsite
- or
- The headstone and/or parts of the memorial will be removed from site
 - If refixing is required I confirm that the headstone will be fixed in accordance within BS8415 and current BRAMM guidelines

continued overleaf

Correspondence

Correspondence should be directed to

Morden Cemetery,
c/o North East Surrey Crematorium,
Lower Morden Lane, Morden SM4 4NU

Tel: 020 8337 4835

Email: mordencemetery@enablelc.org

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.** This application is for repairs and/or renovations to an existing memorial (including kerbs and landings where applicable). Where one or more grave owners exist then all owners must sign this form in ink. Where there is no living owner the client may sign the declaration part of the form confirming that all parties have been informed of the proposed works.
- 2. The grave number and block must be clearly inscribed on all memorials.**
- 3. 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.

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 carry out any works 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 the works and that 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 authorised or the addition of the grave number if omitted.

Signed: _____ Date: _____

BRAMM number: _____ or registered with Putney Vale Cemetery: Yes*

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

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 repaired and/or renovated as described 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 if required.

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: _____