



Memorial Application

IMPORTANT INFORMATION

The right to apply for a memorial or to carry out any work to an existing memorial can only be made by the owner of the Plot while they are alive and in all other cases ownership must be transferred to someone who can prove they are entitled. A transfer of ownership can be complex and, in **all** cases must be referred directly to the Registrar as a competent authority suitably qualified to advise you in law on this matter.

All memorials must be fitted by a BRAMM approved fitter and fitted to BS8415 Standards and comply to the NAMM Code of Working Practice.

Memorials should be no larger than 12" x 12" x 12"
Headstones should not exceed 3' in height 2'6" in width

All memorials will be included in our rolling program of Memorial Safety Testing and you may be contacted and required to arrange for repairs should it be identified as unsafe, failure to do so could result in the removal of the headstone altogether.

Grave Details

Name of Deceased: _____

Date of Death: _____ Resident Highworth or Non-Resident

Grave Location / Section: _____

Exclusive Right of Burial

Current Owner(s): _____ Grant No: _____

Date of Purchase: _____ Relationship to Deceased: _____

Applicant Details

I confirm that I am the rightful owner of the Exclusive Right of Burial for the above plot. Also, that I have received a copy of the Cemetery Regulations and agree to abide by them and any rule or regulation which may be introduced from time to time. I understand that Highworth Town Council will not accept any liability for damage caused to any memorial.

Name Mr/Mrs/Ms: _____

Address: _____

Postcode: _____

Email: _____ Telephone: _____

Signed: _____ Dated: _____

Please send two copies of this form together with drawings and the fee either by BACS or cheque to:

Highworth Town Council, The Co-Operative Bank, Account Number: 61580271, Sort Code: 08-90-12

Following approval one copy will be returned to you together with the receipt and permission slip. This will need to be taken to the cemetery on the day of installation, the date added and returned to the Clerk in order records can be updated.

To be completed by Memorial Mason:

Name of firm:

Address:

Telephone:

BRAMM / NAMM Registration No:

For office use:

R Non R

Invoice No:

Fee £

I, hereby approve the proposed memorial, Authorised Signatory:

_____ Dated: _____



Memorial Application

Details of Proposed Memorial Work

Memorial Type: Headstone / Cremation Tablet / Child's Memorial / Additional Inscription / Replacement / Maintenance & Cleaning

Colour & Materials: _____

Anchor: _____ **Height:** _____ **Width:** _____ **Depth:** _____

Additional Details: _____

Fees 2024/2025

Headstone £285.00 + VAT

Tablet £235.00 + VAT

Illustration

Please indicate the dimensions of dowels to be used, the diameter and depth of drill holes, the manufacturer, type of ground anchor and the specification for the foundation to be used.

Proposed Inscription

Please attach a separate sheet if required.