Highworth Town Council Memorial Application

Important Information

This form needs to be submitted by a **BRAMM registered Monumental Stone Mason** and the memorial must be fitted to **BS8415 Standards** and comply to the **NAMM Code of Working Practice**.

The right to apply for a memorial or to carry out any work on an existing memorial can only be made by the **living owner of the Exclusive Right of Burial** for that plot. This form needs to be signed by the registered living owner/s and in all other cases ownership must be transferred to someone who can prove they are entitled. Please contact Highworth Town Council for help with a transfer of the Exclusive Right of Burial.

- Memorials should be no larger than 12" x 12" x 12" (30cm x 30cm x30cm)
- Headstones should not exceed 3' in height 2'6" in width (90cm x 79cm)
- The plot number and Stone Masons name or identifying mark must be inscribed in small characters at the foot of the memorial, on the reverse, so that it is viable when erected.

All memorials will be included in our rolling programme of Memorial Safety Testing and the owner of the Exclusive Right of Burial 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/memorial all together.

Grave/Plot Details

Full Name & Title of Deceased	
Date of Death	
Grave/Cremation Plot Number	

Applicant Details

Full Name & Title			
Address & Post Code			
Email Address		**Telephone**	

Exclusive Right Of Burial

I confirm that I am the rightful owner of the Exclusive Right of Burial for the above plot and consent for; the installation of a memorial; or an additional Inscription to be added to the memorial; or maintenance work to be carried out on the memorial, associated with the above plot. Also, I have received a copy of the Cemetery Rules & Regulations and have signed the attached statement. I understand that Highworth Town Council will not accept any liability for damage caused to any memorial.

Grant No.	

Exclusive right of Burial Owner 1		**Exclusive right of Burial Owner 2**	
Full Name & Title		**Full Name & Title**	
Address & Post Code		**Address & Post Code**	
Email		**Email**	
Telephone		**Telephone**	
Signed		**Signed**	
Dated		**Dated**	

All personal information will be held and treated in accordance with the Data Protection Act 2018. Highworth Town Council is registered as a data controller under the Data Protection Act and our Privacy Notice can be found at the following link: www.highworthtowncouncil.gov.uk/governance

Memorial Permit Application

Fees 1st April 2025 (inc. VAT)	Memorial Permit – Headstone Memorial Permit – Cremation Tablet	£359.00 £296.00	Additional Inscription Maintenance/Repair/cleaning	£100.00 No Charge

Please send the completed form together with any drawings to Highworth Town Council, 3 Gilberts Lane, Highworth, SN6 7FB or admin@highworthtowncouncil.gov.uk
Following approval a copy of the form will be returned to you together with an invoice which can be paid either by BACS or cheque to:
Highworth Town Council, The Co-Operative Bank, Account Number: 61580271, Sort Code: 08-90-12 Please quote the invoice number when making payment or on the reverse of the cheque. Once payment has been made please contact the office to arrange a date and time for installation.

Monumental Mason Details

Company Name		
Address & Post Code		
Email Address		
BRAMM/NAMM No.		**Telephone:**

Memorial Type	Headstone / Cremation Tablet / Child's Memorial / Additional Inscription / Replacement / Maintenance, Repair or Deep Clean **(Please Circle)**		
Material		**Colour:**	
Anchor			
Dimensions of Memorial:	**Height:**	**Width:**	**Depth:**
Photo to be included on Memorial?	**Y / N** **(Please Circle)**	Please include a copy of the photo to be used for approval – a maximum of 2 photos are allowed on any memorial	

Proposed Inscription – Please attach additional pages if required	Illustration – please attach additional pages if required 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.

Office Use:

I, hereby approve the proposed memorial, Authorised Signatory: _____ Initials: Date:	Fee: Invoice No: BRAMM/NAMM Registration checked ☐

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Rules and Regulations
Highworth Cemetery, Cricklade Road, Highworth, SN6 7RJ

1st April 2025

Highworth Town Council Cemetery Rules and Regulations will be applied and enforced by Highworth Town Council staff under the guidance and management of the Town Council.

The Council reserve the right to vary, add, amend or delete any of these regulations or fees, charges and other details set out at any time.

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I have read, understood and agree to abide by the Rules and Regulations outlined and issued by Highworth Town Council 1St April 2025. I understand that failure to comply with these rules and regulations may result in appropriate action being taken.

Exclusive Rights Owner 1		**Exclusive Rights Owner 2**	
Full Name & Title		**Full Name & Title**	
Signed		**Signed**	
Dated		**Dated**	

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