

Memorial Application

(Please tick appropriate box below)



New Forest
DISTRICT COUNCIL

- To Erect a New Memorial
- To Clean or Repair a Memorial Offsite
- To Repair or Maintain a Memorial *inSitu*

- To Erect a New Memorial & Kerbstone
- To Replace an Existing Memorial
- To Add an Additional Stone to an Existing Memorial
- To Add an Additional Inscription to Existing Memorial

ONLY Memorials that are erected by NFDC Registered Stonemasons may be erected in our cemeteries.

Email: cemeteries@nfdc.gov.uk

Please sign and post to:

Cemeteries Office, Town Hall, Avenue Road, Lymington. SO419ZG

Telephone 02380 285952

Cheques to be made payable to New Forest District Council

Cemetery:

New Forest District Council cannot accept liability for damage caused to any memorial at any time.

All memorials will be included in the memorial safety testing programme.

Fees are not Refundable

Meets Regulations

APPROVED.....

Does not meet Regulations

DECLINED.....

ALL BOXES TO BE COMPLETED IN BLOCK CAPITALS. PART COMPLETED FORMS WILL BE RETURNED

Grave / Plot of		
Date of death	Date of Interment	Date of application
Grant number		Grave/Plot number
Details of memorial Material	Proposed inscription	Illustration
Size (inches) to include base		
H W D		

Name and address of the Registered company that is to install _____

I/we the undersigned do hereby authorise _____ to erect a new memorial on the above Grave/Plot _____ to cut an additional inscription/clean or repair/ replace existing /to add additional inscription stone to existing memorial, as approved by New Forest District Council. I acknowledge it is my responsibility to maintain the memorial to a standard deemed acceptable by the Council and failure to do so may result in the memorial being laid flat or removed. All arisings will be removed from site.

I/We agree to fully comply with the Council's Cemeteries Regulations & Registration Scheme as stated Section 10 of the NFDC Regulations.

Stonemasons name and signature

Name (in block capitals)	Name (in block capitals)	Name (in block capitals)
Signed	Signed	Signed
Address	Address	Address
Date	Date	Date

This **MUST** be signed by all the living Holder(s) of the Right of Burial. A copy(s) of this Right of Burial **MUST** be attached to the Application Form from each Holder

or if lost or mislaid a Statutory Declaration - SD 005

Enclosed

On completion of work, please complete this section and return with photographs of front and reverse of the headstone.

The Cemeteries Office require **48 hours** notice prior to any works carried out within the Cemetery.

Include photographs of headstone
(front and back with Grave No & Installers name)

Date of installation:

We confirm that a memorial was erected on the Grave/Plot of _____

Grave/Plot number _____ in _____ Cemetery on _____ (date)

Signed _____

Name of Stonemason _____

Address _____

Approved Permit number _____ (Valid for 1 year from date of approval)

Password.....

For office use only
Epitaph _____ / _____
Installation inspection completed _____
Memorial file _____