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St. Andrews Community Centre
William Street
Saxilby
Lincoln
LN1 2LP

Saxilby Burial Ground Memorial Application

Plot number

Type of Plot (delete one): Lawn Ashes

Full name of grave owner(s)*:

*If the grave has more than one owner, all owners must give permission for the memorial

Address:

Certificate of Exclusive Right of Burial reference:

I, being the legal owner of the Exclusive Right of Burial in the above mentioned grave, and being aware of the Saxilby with Ingleby Parish Council Burial Ground Regulations in force, have given permission for the memorial works described below to be carried out. I hereby indemnify the Parish Council (burial authority) in respect of any claims or demands that may be made at any time in connection with, or arising from any such works being undertaken. I understand that the maintenance of the memorial is my responsibility. I agree not to place any ornaments, chippings, edging/fencing, plants or other items that do not conform to the Burial Ground Regulations. If any of the above are found on the grave I understand that they may be removed without prior notice.

Grave owner signature: Date:

Memorial Mason name:

Address:

Telephone:

Email:

Name of fixer:

Licence number:

Please provide a diagram of the memorial, indicating all dimensions.

Please indicate: New Memorial Additional Inscription

Material:

Headstone plate: Height: Width: Thickness:

Base: Height: Width: Thickness:

Foundation: Height: Width: Thickness:

Proposed inscription:

I can confirm that all materials and fixings will be carried out to the approved NAMM code of working practices to meet BS 8415 and in accordance with the mason registration scheme where applicable.

Signed (Memorial Mason):

Date:

Permission of burial authority:

Date: