

# Memorial Application

(Please tick appropriate box below)



- ☐ To Erect a New Memorial
- ☐ To add an additional inscription

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

Email: [burials@burnham-highbridge-tc.gov.uk](mailto:burials@burnham-highbridge-tc.gov.uk)

Please sign and post to:

Burials Office, Burnham-on-Sea and Highbridge Town Council,  
The Old Courthouse, Jaycroft Road, Burnham on Sea, TA8 1LE

Telephone 01278 788088

Cheques to be made payable to Burnham on Sea +Highbridge Town Council

BACs transfers to Burnham on Sea +Highbridge Town Council

sort code: 60-04-12

account number: 56092431

For office use only

Receipt number \_\_\_\_\_

Fees paid £ \_\_\_\_\_

Date receipt \_\_\_\_\_

## Cemetery Name:

Burnham on Sea +Highbridge Town Council cannot accept liability for damage caused to any memorial at any time. All memorials will be included in the memorial safety testing program .

**Fees are not refundable**

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

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

Name and address of the Registered company that is to install \_\_\_\_\_

I/we the undersigned do hereby authorise \_\_\_\_\_

(Please tick appropriate box below)

☐ to erect a new memorial on the above Grave/Plot \_\_\_\_\_

☐ 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

