For details of how we use and process your data and our Privacy Notice, please refer to our website: burnham-highbridge-tc.gov.uk emorial Application (Please tick appropriate box below) To Erect a New Memorial & Highbridge TOWN COUNCIL To add an additional inscription ONLY Memorials that are erected by Registered Stonemasons may be erected in our cemeteries. Email: burials@burnham-highbridge-tc.gov.uk For office use only Please sign and post to: Burials Office, Burnham-on-Sea and Highbridge Town Council, Receipt number ____ The Old Courthouse, Jaycroft Road, Burnham on Sea, TA8 1LE Telephone 01278 788088 Fees paid £__ Cheques to be made payable to Burnham on Sea +Highbridge Town Council Date receipt _ BACs transfers to Burnham on Sea +Highbridge Town Council account number: 56092431 sort code: 60-04-12 **Cemetery Name:** Fees are not refundable 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 . 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 application Date of Interment Grant number Grave/Plot number Details of memorial Proposed inscription Illustration Material: Colour: Size (inches) to include base D Н W 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 Burnham on Sea and Highbridge Town Council. Stonemasons name and signature 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 Name (in block capitals) Name (in block capitals) Name (in block capitals) Signed Signed Signed Address Address Address Date Date Date

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