

MEMORIAL PERMIT APPLICATION



A permit is required prior to the placement of any headstone in Memoria's grounds.

FOR MEMORIA OFFICIAL USE ONLY:	
SITE:	INVOICE NO.
PERMIT NO.	DATE APPLICATION RECEIVED:
PERMIT FEE:	

SECTION 1: DETAILS OF GRAVE

Site:	Section:	Grave Number:	Deed of Grant Number:
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SECTION 2: DETAILS OF APPLICANT

Full name of applicant: Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other <input type="checkbox"/>
Address: _____ _____
Postcode: _____ Telephone: _____
Email: _____

DECLARATION BY APPLICANT (Tick as appropriate)

- A. I AM the registered owner of the Exclusive Rights of Burial as recorded on the Deed of Grant and hereby apply for a memorial permit to be issued subject to the regulations of Memoria Ltd
- B. I AM NOT the registered owner of the Exclusive Rights of Burial as recorded on the Deed of Grant. I am a relative of the person buried in the grave, but it is impractical for me to trace the rightful owner and I hereby apply for a memorial permit to be issued to place and maintain or add an inscription on a memorial on the grave. I further declare that should the rightful owner be traced I agree to remove the memorial at my expense if requested.

I understand that I am responsible for the maintenance of the memorial and that Memoria may take any action they deem necessary should the memorial become unsafe or dilapidated. I also understand that the memorial may be in exceptional circumstances be removed temporarily to allow burials in adjacent graves. Apart from the headstone no trees, shrubs, plants, flower holders*, jars, vases*, stones laid flat, memorials, trinkets, fencing, gravel, or other structures enclosing graves may be placed on the grassed area in front of the memorial.

*Apart from those integral to the headstone design – either on the base or in the case of a vase tablet attached to the headstone.

Signature: _____	Date: _____
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SECTION 3: DETAILS OF MEMORIAL MASON

Name of Memorial Mason: _____	
Address: _____ _____	
Postcode: _____	Telephone: _____
Email: _____	
NAMM/BRAMM Registration Number: _____	

SECTION 4: DETAILS OF MEMORIAL WORKS

1. OPTION	
NEW HEADSTONE <input type="checkbox"/> (Traditional Grave only)	EXISTING MEMORIAL <input type="checkbox"/> (Add additional inscription)

2. MEMORIAL DETAILS (Please refer to site headstone regulations)
Nature of works and materials used:

INSCRIPTION	MEMORIAL DRAWING (or attach a photo of your design)
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3. MEMORIAL DIMENSIONS			
	Height	Width	Depth
MEMORIAL			
MEMORIAL BASE			

SECTION 5: APPROVAL (PERMIT AUTHORITY)

FOR OFFICIAL USE ONLY:	
PERMIT FEE:	Receipt/invoice
AUTHORISED SIGNATURE	Date:
NAME/DESIGNATION:	Site:

Note: Work is not to commence until the applying mason has received a copy of this application/permit form duly signed and dated.

DECLINED APPLICATIONS This application has been declined for the following reason(s):

