

AYLESBURY TOWN COUNCIL

Town Hall, 5 Church Street, Aylesbury, Bucks, HP20 2QP Town Clerk/CEO: Keith Gray JP, FSLCC

01296 425678 Telephone: Fax: Website: Contact: E-mail: 01296 426134

aylesburytowncouncil.gov.uk

Cemetery Officer

cemetery@aylesburytowncouncil.gov.uk E-mail:

Memorial Permit Application Form for Tring Road Cemetery, Aylesbury

Failure to fully and accurately complete the memorial permit application will result in the application being returned to the memorial mason.

Name of Deceased: _____ Grave No/Section.: ____

Grave Owner(s) Details				
All grave owners must sign this section. Please use	e an additional form, if necessary.			
(Please note: If the grave owner is deceased, the next of kin must contact the Cemetery Office to transfer the grave ownership.)				
Declaration: I/We have checked the details on this form and grant permission for the memorial work to be carried out. I/We understand that memorials placed in the cemetery are done so at the risk of the grave owner(s). Memorials are not the responsibility of the council or its contractor(s) and it is strongly advisable to insure memorials against damage and vandalism, etc.				
Owner 1	Owner 2			
Name:	Name:			
Address:	Address:			
Telephone:	Telephone:			
Email:	Email:			
Signed:	Signed:			
Date:	Date:			

Memorial Application Form

Details of Memorial Works

Memorial Permit Type (tick and/or delete as appropriate)						
New/Replacement Head	stone New/Replacement Headstone & Kerbs		New/Replacement Ashes Tablet □			
Additional Inscription		Remedial Work/Renovation		Other Please specify:		
Memorial Dimensions						
Memorial	F	leight	Width		Depth	
Memorial Base						
Kerbs						
Foundation / Concrete Landing						
Please indicate fixing methods for memorial						
Headstone to Base						
Headstone to Kerbs						
Size of Steel Dowels						
Base to Foundation Grip (type of ground anchor)						
Type of Adhesive						
Memorial Details						
Please provide us with	h the natu	re of the wor	k to be carried ou	it and	the material used:	

Memorial Application Form 2

Inscription:	Memorial Drawing: (Please attach a copy of the technical drawing to this application. If a technical drawing is not available, please provide a detailed sketch or photo example of proposed memorial here.)			
Details of registered mason making the application Please note: All memorial masons must be registered with Aylesbury Town Council. If not registered, please contact the office for a registration pack.				
Company Name:				
Contact Name:				
Address:				
Telephone:	Email:			
Declaration: I/We have read and understood the current regulations regarding memorials at Tring Road Cemetery and their fixing. I/We will not fix the memorial until I/We have received permission from Aylesbury Town Council in the form of a memorial permit from the office and I/We will adhere to its terms and conditions. I/We understand that the memorial will be checked after fixing and I/We are liable for any further works that may be required by the Burial Authority, Aylesbury Town Council, in respect of adjustment to its position, removal of inscribed lettering not included in this application or the addition of the grave number if omitted. I/We confirm that the memorial will be made, assembled and fixed in accordance with BS8415 and BRAMM Blue Book (latest versions).				
Signed:	Date:			

Memorial Application Form 3

Registered mason erecting memorial

If different to registered ma	ason making the application
Company Name:	
Contact Name:	
Address:	
Telephone:	Email:
Signed:	Date:
A Reminder to Men	orial Masons:
(please see our curren	re is due at the time the memorial permit application is submitted a fees list available on our website). If you are unsure what fee is ment, please contact the Cemetery Team on 01296 425678.
Tring Road Cemetery r bring a copy of this per it to a member of the C entry into the cemetery	out on memorials (including remedial work and renovations) at nust have an approved permit. Memorial masons are required to mit with them when visiting the cemetery and must be able to show emetery Team upon request. Failure to do so will result in refusal of . Upon departure from the cemetery, memorial masons must hand a nit to a member of the Cemetery Team to confirm that the work has
	t also give the Cemetery Team advance notice of their intention to see call 01296 425678 to book a date and time.
<u> </u>	v and refixed memorials - must comply with British Standard 8415 BRAMM Blue Book (latest version).
tie in with our current c	morials must be inscribed with the grave section and plot number to emetery regulations. If this information is not included on the sked to remove the memorial and inscribe the omitted details.
•	without full approval or without due notice will be taken down and etery at the expense of the memorial mason concerned.
For office use	
Approved by:	Date:
Receipt Number:	Permit Number: