**Blunsdon Parish Council – Memorial Form 2025**

**Important Information**

* This application must be submitted by a BRAMM-registered Monumental Stone Mason
* All memorials must comply with: BS8415 Standards & NAMM Code of Working Practice
* Applications can only be submitted by the living registered owner(s) of the Exclusive Right of Burial for the plot. If ownership needs to be transferred, please contact Blunsdon Parish Council for assistance.

**Cremation Memorial Guidelines:**

* Maximum recommended dimensions: 12" x 12" x 12" (30cm x 30cm x 30cm)

**Burial Memorial Guidelines:**

* Charges apply based on headstone height: Under 2ft and Under 5ft
* Ideally the plot number and stone mason’s name or identifying mark must be engraved discreetly at the foot of the memorial on the reverse side.

**Safety & Maintenance:**

* All memorials will be subject to regular Memorial Safety Testing
* Owners may be contacted for repairs if a memorial is deemed unsafe
* Unsafe memorials may be removed if repairs are not arranged

**Grave/Plot Details**

|  |  |
| --- | --- |
| **Full Name & Title of Deceased** |  |
| **Date of Death:** |  |
| **Grave/Cremation Plot No:** |  |
| **Full Name & Title of Applicant:****(Person requesting the work)** |  |
| **Applicant Address** |  |
| **Applicant Email:****Phone No:** |  |

**Declaration of Ownership**

I confirm that I am the legal holder of the Exclusive Right of Burial for the above plot and give permission for:

* The installation of a new memorial, or
* The addition of an inscription to an existing memorial

I understand that Blunsdon Parish Council accepts no liability for damage to any memorial.

|  |  |
| --- | --- |
| **Grant No: (ERoB)** |  |
| **Exculsive rights of burial owner 1.****Full Name & Title:** |  |
| **Address:** |  |
| **Email:****Phone No:** |  |
| **Signature:****Date:** |  |
| **Exculsive rights of burial owner 2.****Full Name & Title:** |  |
| **Address:** |  |
| **Email:****Phone No:** |  |
| **Signature:****Date:** |  |

**Memorial Permit Charges – to be completed using information from Charges Sheet**

|  |  |
| --- | --- |
| **Type of Work** | **Charge (£)** |
| Burial – Headstone Permit | £ |
| Cremation – Vase or Tablet Permit | £ |
| Additional Inscription | £ |

**Submission Instructions**

Please email the completed form to claireboles@blunsdon-pc.gov.uk, along with:

* Design drawings
* Proposed inscription text
* Any photographs to be included on the memorial claireboles@blunsdon-pc.gov.uk

**After approval:**

* You will receive a copy of the authorised form and an invoice
* Payment should be made by BACS quoting your invoice number
* Once payment is received, please contact claireboles@blunsdon-pc.gov.uk, to advise an installation date.

**Monumental Mason Details**

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Address:** |  |
| **Email address:****Phone No:** |  |
| **BRAMM/NAMM Reg No:** |  |

**Memorial Specification**

|  |  |
| --- | --- |
| **Memorial Type Option:** **Headstone / Cremation Tablet / Child’s Memorial / Additional Inscription / Replacement**  |  |
| **Material:** |  |
| **Colour:** |  |
| **Ground Anchor Type:** |  |
| **Dimensions: Height, Width, Depth** |  |
| **Will a photo be included on memorial: Y/N**If Yes, a copy of the photo must be included in the application. |  |
| **Proposed Inscription:**Additional sheets can be attached. |  |
| **Illustration:**Additional sheets can be attached. |  |
| **Technical Details Required:**Dimensions of dowelsManufacturerSpecification of foundation/ground anchor  |  |

Blunsdon Parish Council is registered as a data controller under the Data Protection Act 2018. All personal information will be handled in accordance with current legislation.

Office Use:

I, hereby approve the proposed memorial, Authorised Signatory:.............................

Fee:................................ Invoice No: ......................... Date: .................................... Burial Surname:....................................