Chairman: Cllr. Richard Allen

Clerk: Mrs Gail Stoehr
30 West Drive
Highfields Caldecote
Cambridge, CB23 7NY
Tel: 01954 210241
E-mail: parish.clerk@hemingfordgreyparishcouncil.gov.uk
www.hemingfordgreyparishcouncil.gov.uk

Memorial Application Form

Part one:

Hemingford Grey Cemetery,	Plot Number:	
Full name of exclusive rights owner		
Full address:		
Telephone:		
Email address:		
I, being the legal owner of the EXCLUSIVE RIGHT of BURIAL for the above grave and being aware of the regulations and restrictions in force, give permission for the memorial works described below to be carried out. I hereby indemnify Hemingford Grey Parish Council in respect of any claims or demands that may be made at any time in connection with, or arising from any such works being undertaken. I understand that the maintenance and safety of the memorial is my responsibility. I confirm that no unauthorised items will be placed on the grave.		
Signed:	Date:	

Part two:

Memorial Company:/Stone Mason
Address:

Headstone ☐ Additional Inscription ☐ Ashes Tablet ☐ Removal of memorial for cleaning ☐
Repairs to memorial ☐

I confirm that all memorial works shall be carried out in accordance with BS8415, I accept that I am responsible for meeting the above standards and am accountable for any breach of the standards and confirm that I am NAMMM and/or BRAMM registered. I will send the Council a photograph of the memorial once erected. I also confirm that payment for this application has been made via BACS to the Parish Council's bank account.

Signed (on behalf of the company) Date

.....

Inscription	*Please include dimensions as part of the sketch* *Or append to this application*

Payment of fees required by BACS from the Memorial Mason at the time of application.

See the Parish Council's Cemetery Regulations and Fees for further information and for the Council's bank details.

https://www.hemingfordgreyparishcouncil.gov.uk/cemeteries.html