

MEMORIAL APPLICATION FORM

CEMETERY: _____ FULL NAME OF DECEASED: _____

SECTION/PLOT _____ GRAVE N^o: _____

FULL NAME OF GRAVE OWNER/APPLICANT: _____

ADDRESS: _____

I, being the legal owner of the Exclusive Right of Burial or the applicant eligible to sign 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 the Council in respect of any claims or demands that may be made at any time in connection with, or arising out of 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 and if identified they will be removed.

Signed: _____ Date: _____
 Grave owners/Applicant signature

MEMORIAL COMPANY: **Griffiths Memorials**

ADDRESS: **34, Wind Street, Ammanford CARMS SA18 2HE.**

NEW MEMORIAL ADDITIONAL INSCRIPTION RE-INSTALLATION

I confirm that all memorial works shall be carried out in accordance with BS8415 or any Industry Standard or Code of Working Practice which complies and conforms to the above standards. This includes any Council Policies of which a Certificate of Compliance will be issued to the grave owner. I accept that I am responsible for meeting the above standards and am accountable for any breach of the standards.

Signature on behalf of Company _____

<p style="text-align: center;"><u>Inscription</u></p>	<p style="text-align: center;"><u>Sketch</u> (Please add additional dimensions for kerb-sets)</p>
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HEADSTONE: Width: Thickness: Height:

HEADSTONE BASE: Width: Thickness: Height:

FOUNDATION/PLINTH: Width: _____ Thickness: _____ Depth: _____

BEARER SLAB Width: _____ Thickness: _____ Depth: _____

Issuing Officer: _____ Date Issued: _____ R.O.M _____ R.O.G. _____ PLAN _____ COMP _____ COPY _____
 Fee: _____ Receipt No: _____