

MATTERSEY PARISH COUNCIL
THORPE RD CEMETERY

APPLICATION FORM FOR PROPOSED DESIGN AND INSCRIPTION FOR MEMORIAL

Submitted by:			Address:				
Cemetery: Thorpe Rd		Grave No.:			Section:		Date:
					Old		
					New		
					Extension		
	Headstone Monument	Base	Kerbs	Posts	Flatstone	Vase	Type of Material to be used
Height							
Length							
Width							
Thickness							
INSCRIPTION				DESIGN OF MEMORIAL			
<p>Specify fixing method: (Must be NAMM approved) The grave number must be cut upon the rear of the memorial</p>							

TO BE COMPLETED BY THE MONUMENTAL MASON

I (we) agree to be responsible and to pay for any damage which may be occasioned to the property of the Burial Authority or to any adjacent vault, grave, tomb, monument or memorial by reason of negligence on the part of my (our) workmen or the workmen of any sub-contractor employed by me (us) in connection with the work referred to in this application.

Signed _____

Name of Mason: _____

Telephone No. _____

Address: _____

TO BE COMPLETED BY THE REGISTERED GRAVE OWNER. (If not the original grave owner, a new owner in accordance with a person appointed on Form MPC/CEM3)

I hereby apply for the right to erect and place a memorial. I have read the summary of the Cemetery Rules and Regulations and by signing this application form I will be regarded as understanding the rules and having had the opportunity to raise any concerns about them before signing.

Signed _____

Name of Grave Owner: _____

Telephone No. _____

Address: _____

Is there is a memorial already on the grave referred to in this application? YES NO (Delete One)

If yes, please give details:

Name on existing memorial: _____

Type of memorial: _____

NOTES TO MONUMENTAL MASONS:

- Cheques should be made payable to Mattersey Parish Council and crossed a/c Payee only.
- Please ensure that you complete this form fully and carefully. Omissions may mean the form has to be returned to you for clarification, entailing delays.
- Please send the form to:

The Clerk to Mattersey Parish Council
The Bungalow
Low Street
Beckingham
Doncaster
DN10 4PW

OFFICE USE ONLY

Approved by:	Fee Paid: £
Signature:	Date:

MATTERSEY PARISH COUNCIL - THORPE RD CEMETERYDECLARATION FOR:

- RE-OPENING OF A GRAVE AND CONSENT FOR BURIAL
 ERECTING & PLACING OF A MEMORIAL

WHERE THE ORIGINAL PURCHASER NOT ABLE TO SIGN

Grave No. _____

I, ⁽¹⁾ _____Of ⁽²⁾ _____**Do solemnly and sincerely declare:-**

- A) That the Deed to the Exclusive Right of Burial in the grave was granted to ⁽³⁾ _____
- B)** That said ⁽³⁾ _____ died on the ⁽⁴⁾ _____ (day) of _____ (month) _____ (year)
- I. Leaving a last will and testament dated (5) _____ which was not revoked in which I/we were appointed as Executor(s).
 - II. Leaving a last will and testament dated (5) _____ which did not appoint Executors/appointing Executors who have not taken up or who are incapable of taking up the appointment.
 - III. Not having left a valid last will and testament.
 - IV. I have been granted probate of the said (3) _____'s estate.
 - V. I have had ownership of the Right of Burial transferred to me following the administration of the said (3) _____'s estate and now produce the transfer deed.
- C)** The said ⁽³⁾ _____ left an estate of insufficient value for which it was required to apply for probate and I am the ⁽⁶⁾ _____ and next of kin and therefore would be entitled to such grant of probate had it been necessary.
- D) To the best of my knowledge and belief the deed relating to the Exclusive Right of Burial has not been sold or transferred to any person.
- E) I declare ⁽⁷⁾ _____ to be the new rightful owner of the Exclusive Right of Burial.

I hereby indemnify Mattersey Parish Council and all its officers and members against any claim relating to the grave, its ownership, or the Exclusive Rights of Burial which may arise and is not the result of any breach of contract or obligation or negligence of the Council.

I make this declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations Act 1935.

Signature of Declarant _____

Declared at: _____ in the County of _____

This _____ day of _____ before me _____

Signature _____

Address of Solicitor / Commissioner for Oaths.

** Delete such parts above as appropriate

- (1) Full name of applicant
- (2) Full postal address of applicant
- (3) Full name of the current owner of the Exclusive Right of Burial
- (4) Date of Death
- (5) Date of Will
- (6) Relationship to the original owner
- (7) Name of the new owner of the Exclusive Right of Burial