

MATTERSEY PARISH COUNCIL
THORPE RD CEMETERY

APPLICATION FORM FOR PROPOSED DESIGN AND INSCRIPTION FOR MEMORIAL

Submitted by:			Address:				
Cemetery: Thorpe Rd		Grave No.		Section:		Old	Date:
						New	
						Extension	
	Headstone Monument	Base	Posts	Flatstone	Vase	Type of Material to be used	
Height							
Length							
Width							
Thickness							
INSCRIPTION				DESIGN OF MEMORIAL			
<p>Specify fixing method: (Must be NAMM/BRAMM approved) The grave number must be cut upon the right hand bottom corner of the memorial. The memorial must show date of birth and date of death but this may be on 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/EROB2, the appropriate form must be completed)

I hereby apply for the right to erect and place a memorial. I have read the summary of the Cemetery & Memorial 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
Caudle Meadows, Wigthorpe Lane,
Wigthorpe, Worksop S81 8BU

OFFICE USE ONLY	
Approved by:	Fee Paid: £
Signature:	Date:

MATTERSEY PARISH COUNCIL - THORPE RD CEMETERY**DECLARATION, INDEMNITY & APPLICATION IN RESPECT OF THE TRANSFER
OR ASSIGNMENT OF AN EXCLUSIVE RIGHT OF BURIAL**

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

<u>OFFICE USE ONLY</u>	
Burial No.	_____
Deed No	_____
Checked	_____