

MAY 2020



## KILSBY PARISH COUNCIL

### A5 WATLING STREET CEMETERY

#### MEMORIAL APPLICATION

**Kilshv Parish Council**  
c/o 20 Styles Place  
Yelvertoft  
Northamptonshire. NN6 6LR

**Email**  
parishcouncil@kilshvillage.co.uk

Name of Deceased \_\_\_\_\_ Grave Number \_\_\_\_\_

---

#### **PART A: APPLICATION TO BE COMPLETED BY THE GRAVEHOLDER OR HIS OR HER LEGAL REPRESENTATIVE**

I, the undersigned, being \*the holder/legal representative of the holder, of the above mentioned grave, hereby apply for consent to the work described below to be carried out by the mason named.

I agree to conform to all Cemetery Rules regarding memorials printed on reverse of this form. I understand that the right to erect or maintain a memorial lasts for 25 years from the date of approval and after this time, I may be asked to pay a renewal fee in order to maintain the memorial on the plot.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Tel No: \_\_\_\_\_

---

#### **PART B: PROPOSED SPECIFICATION OF WORK AND UNDERTAKING BY MASON**

Proposed Work: \*Erection / Removal/ Alteration of a memorial in accordance with the drawing submitted. (for additional inscriptions please use separate 'Memorial Additional Inscription Application Form')

Proposed materials: \_\_\_\_\_

Proposed inscription (if any) on memorial: \_\_\_\_\_

---

---

---

I/We, the undersigned masons, have been instructed to carry out the work described above and undertake that it shall be carried out in accordance with the Rules of the Cemetery now in force.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email: \_\_\_\_\_

**Ensure that dimensions and drawings are submitted overleaf**

- Applications** An application for the erection, alteration or removal of a memorial (other than the ordinary displacement of an existing memorial to permit an interment to take place) must be made to the Kilsby Parrish Council on the form provided for the purpose by the Council/Contractor and in the case of an application to erect or alter a structure the form shall be accompanied by scale drawings showing the plan, front and side elevations inclusive of the base and foundations.
- Work on memorials** No person may in the cemetery carry out any work on or in connection with a memorial except during the normal working hours and with prior notification to the Parish Council Burials Officer **All Masons must engrave on the bottom back of the memorial the Section and Grave number applicable inscribed in figures not less than 12 mm (0.5 inches) high and not more than 25 mm (1 inch) high, at the rear of the base of each memorial.**
- Fees** The erection or alteration of any memorial shall be subject to the payment of the appropriate fee.
- Approvals required** No hewing or dressing of stone may be carried out within a cemetery and no other work in connection with a memorial may be carried out in the cemetery without the consent of the Parish Council notwithstanding the acceptance of fees and the issue of any receipt thereafter.
- Any authorised work in connection with a memorial shall be carried out in accordance with the requirements of and in the positions indicated by the Parish Council and when commenced shall be proceeded with from day to day until completed, failing which; permission for the work to continue may be withdrawn and the Council/Contractor may require removal from the cemetery of any materials connected therewith. The Council/Contractor may also require the deletion of any unauthorised or misleading inscription which may have been made on a memorial. All memorials to be fixed according to the NAMM Code of Working practice.

### Memorial Details and Dimensions

Is this Memorial going over a: Single Plot / Two plots side by side / Childs Plot \* (pls select)

Overall Height of Memorial \_\_\_\_\_

Base Width x Depth \_\_\_\_\_

Inscription

Details: \_\_\_\_\_  
\_\_\_\_\_

Memorial Sketch or photo including base:

Application: Approved / Declined

Remarks (if any) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
on behalf of Council

Cost: \_\_\_\_\_ Invoice No. \_\_\_\_\_

---

Please Complete and return below section to Kilsby Parish Council once you have received Approval:

Grave Number \_\_\_\_\_ Mason Company Name \_\_\_\_\_

Date Approved \_\_\_\_\_ Mason Company Tel: \_\_\_\_\_

Date Works Intended \_\_\_\_\_ (Required so that we can mark required location of memorial)