



# Watton Town Council Application for erection of a Memorial or Tablet

I (full name) \_\_\_\_\_

Of \_\_\_\_\_

Telephone Number \_\_\_\_\_

Being the only person entitled to the Exclusive Right of Burial in grave space numbered \_\_\_\_\_  
Apply for a memorial, as specified below, to be erected in the WATTON CEMETERY, on the above mentioned grave space for a lease period of 50 years.

**Please note a copy of the Exclusive Right certificate must accompany this application.**

The Management of Health & Safety at Work Regulations 1999 requires the regular inspections are made of all memorials to ensure that they are maintained in a safe condition. WATTON TOWN COUNCIL will regularly inspect memorials. Any deterioration identified which requires remedial action is the prime responsibility of the PURCHASER and will be notified accordingly. It is therefore required that the PURCHASER notifies WATTON TOWN COUNCIL of any change of address. In the event that the PURCHASER cannot be contacted, then WATTON TOWN COUNCIL reserves the right to take whatever action is necessary to ensure the memorial is maintained in a safe condition.

Signed (Purchaser) \_\_\_\_\_ Date \_\_\_\_\_

Description	
Dimensions of Headstone/Tablet	
Dimensions of Foundation Stone	
Colour	
Material	
Inscription	
Please attach a sketch of the proposed memorial	
Deceased Name(s)	

Authorised by: \_\_\_\_\_ Date \_\_\_\_\_

On behalf of Watton Town Council

Grave Number \_\_\_\_\_ Memorial Fee £ \_\_\_\_\_

I confirm that this memorial has been installed to meet the standard of BS8415 and the BRAMM Blue Book/ NAMM code of Practice (current versions) and incorporates a ground anchor system that conforms to BS8415. I attach a certificate of conformity, a copy of which I have given to

\_\_\_\_\_ (Name of registered grave owner)

Stone mason contact details \_\_\_\_\_

Signed (Stone mason) \_\_\_\_\_ Date \_\_\_\_\_