GUILDEN MORDEN PARISH COUNCIL

(South Cambridgeshire District)

CLERK: Mrs LG Stoehr 30 West Drive Highfields Caldecote Cambridge CB23 7NY Tel: 01954 210241

E-mail: clerk@guildenmorden.gov.uk

Memorial Application Form

| Part one: | | |
|--|--------------|---|
| Guilden Morden Cemetery, | Plot Number: | |
| New Road | | |
| Full name of applicant/Plot | | |
| owner: | | |
| Full address: | | |
| | | |
| Email address: | | |
| I, being the legal owner of the EXCLUSIVE RIGHT of BURIAL 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 Guilden Morden Parish Council in respect of any claims or demands that may be | | |
| made at any time in connection with, or arising from 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. | | |
| Signed: Date: | | |
| | | |
| Part two: | | |
| Memorial Company: | | |
| Address: | | |
| | | |
| ☐ Headstone ☐ Vases (enter number) ☐ Additional Inscription ☐ Tablet | | |
| I confirm that all memorial works shall be carried out in accordance with BS8415, I accept that I am responsible for meeting the above standards and am accountable for any breach of the standards and confirm that I am NAMMM and/or BRAMM registered. | | |
| Signed (on behalf of the company) | | |
| signed (on committee and company) | | |
| | | |
| Inscription | | |
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| | | |
| | | Please include dimensions as part of the sketch |
| | | continue on a separate sheet if required |

Please include a cheque made payable to Guilden Morden Parish Council with the application. Or make a bank transfer to

Guilden Morden Parish Council Account number: 20417880

Sort Code: 60-83-01

See the Council's Cemetery Regulations and Fees for further information.