

# CORFE MULLEN PARISH COUNCIL

Council Office, Towers Way, Corfe Mullen, Wimborne, Dorset, BH21 3UA.  
 Tel.: 01202 698600 Email: [office@corfemullen-pc.gov.uk](mailto:office@corfemullen-pc.gov.uk) Parish Clerk: Mrs K.M. Blee

## Application For Works to a Memorial In Corfe Mullen Cemetery

**Part 1 TO BE COMPLETED BY THE OWNER/S OF THE EXCLUSIVE GRAVE RIGHT**

### Grave Right Owner 1

Full Name	
Address	
Telephone Number	
Grave Number	
I apply for permission for the works detailed in Part 2 below to be carried out on the above grave in accordance with the Council's Cemetery Regulations, a copy of which I have received. I confirm that I have read the notes at the end of this form.	
Signed	
Date	

### Grave Right Owner 2

Full Name	
Address	
Telephone Number	
Grave Number	
I apply for permission for the works detailed in Part 2 below to be carried out on the above grave in accordance with the Council's Cemetery Regulations. I confirm that I have read the notes at the end of this form.	
Signed	
Date	

*If there are more than two owners please provide details on additional sheet with signature and date.*

**Part 2 TO BE COMPLETED BY THE STONEMASON/CONTRACTOR**

Name	
Address	
Telephone Number	
I hereby apply to carry out the work as detailed below in Part 3 accordance with the Council's Cemetery Regulations and NAMM standards.	
Signature	
Date	

**Part 3 DETAILS OF THE WORKS TO BE CARRIED OUT**

New Memorial	
Additional Inscription	
Replacement Memorial	
Other (please state)	

Size of memorial (including base)	H (mm) W (mm) D (mm)
Material to be used	

Full name of deceased	
Date of death	
Proposed inscription	
Illustration Enclosed	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Part 4    Payment Details</b>
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Amount of Fees enclosed	£
<i>Preferred method of payment is internet banking – Bank Details:- Co-operative Bank Sort Code: 08-92-99 Account No: 65314540 (Quoting the name of the deceased as the reference)</i>	Payment Method:            Cheque <input type="checkbox"/>  Internet transfer <input type="checkbox"/>  Date of transfer: .....

**Important Note:**

*The erection of, or works to, an memorial can only be carried out with the consent of the grave right owner.*

*Two copies of this form must be submitted to the address above, together with drawings and appropriate fees. One copy will be returned with approval.*

*Full approval must be sought prior to the commencement of any works. All works including removal or maintenance in situ must be booked in advance with the Council Office.*

*A memorial must not be installed/re-installed within 12 months of the last interment (full burials only) to allow for ground settlement.*

<b>APPROVED BY:</b>		<b>DATE:</b>	
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**OFFICE USE ONLY**

Resident	<input type="checkbox"/>	<b>Entries Completed:</b>		
Non Resident	<input type="checkbox"/>	RPG	<input type="checkbox"/>	RPG No. & Folio no.
Grave Right checked:	<input type="checkbox"/>	Epitaph	<input type="checkbox"/>	
Dimensions checked:	<input type="checkbox"/>	HG schedule	<input type="checkbox"/>	
Correct Fee paid?	Y/N	Invoice No. & Date		
Approval & Invoice Emailed/Sent	Y/N	Date of approval		
Amount	£	Regulations sent to Burial Right Holder	Y/N	
Amount o/s	£	Processed by: <i>(pls initial)</i>		