

SITLINGTON PARISH COUNCIL

Mrs Julia Talbot CiLCA
Parish Clerk and
Responsible Financial Officer

Tel: 01924 261481
or 07771 113258

e-mail:
clerk@sitlingtonparishcouncil.gov.uk



Parish Office
Stevenson House
139 Netherton Lane
Netherton
WAKEFIELD
WF4 4HQ

Application form for the approval of a memorial and/or an inscription.

DATE	
Cemetery	
Section	
Grave Number	
Name of Deceased	
EROB grant number (if known)	
Funeral director/stone mason	

Subject to the Local Authorities Cemeteries Act Order 1977 SI 1977/204 p10 (1) b

IHereby request permission to act on

behalf of

to erect a) A memorial -b) inscribe an additional inscription (delete as appropriate)

The following section must be signed and completed by the person in whom the Exclusive Rights of Burial is vested.

If a change of ownership is required, please fill in the details of the proposed new owner below and the Parish Office will contact them directly to complete the required paperwork to complete the transfer.

Registered Grave owner as named in the EROB grant	Address
Signature	Telephone
Executor/Next of Kin Proposed new grave owner	Address
Signature	Telephone

Sketch of the proposed memorial

Please complete a sketch of the proposed memorial or attach an image of the memorial.

Confirmation of the measurements to be approved.

THE GRAVE NUMBER MUST BE ON ALL MEMORIALS.

	Measurements in metres
Overall Height from ground level	
Overall Width	
Overall Depth from Headline of grave including base	
Thickness of Headstone	
Specify measurements of temporary marker cross	
Nature of material:	

Details of inscription (in BLOCK CAPITALS)

*** The main current regulations regarding cemetery memorials are listed below:**

- 1. Unless the grave or vault be first bricked to the surface of the ground, headstones shall not exceed one metre in height (to be determined from ground level) and 0.8 metre in width. If erected on a base stone, this is not to exceed one metre in width and 0.4 metre from the headline of the grave space. Headstones to be constructed of natural stone.**
- 2. A Temporary Marker Cross can be sited for a maximum of 2 years and must not exceed 0.45 metre from ground level.**

3. No borderstone shall be placed in the ground, nor any iron railings above 0.45-metre-high from the ground, except with the special permission of the Council. Borderstones (kerbs of any description) are only permitted in the Sections where this has previously been allowed. In new Sections only headstones are allowed.
4. The number of the grave space corresponding to the grave book must be inscribed on every monument, gravestone or borderstone.
5. Only non-corrosive cramps and fittings must be used in the erection of monuments, and none of any other kind without special permission of the Council. All monuments must be fitted to the NAMM Code of Working Practice and all headstones must be erected by using an accredited memorial anchor system.
6. The insurance details of the Monumental Mason must be supplied.
7. All private graves, vaults, monuments and gravestones must be kept in repair by the owners thereof.
8. Please ensure that the stone mason details and the section / grave number are included on the base.

Full details of Cemetery Regulations may be obtained from the Clerk.

Details of fixing method for Memorials

Please state which ground anchor system will be used when erecting the memorial:

All monuments must be fitted to the NAMM Code of Working Practice. It is the responsibility of the Monumental Mason to ensure that the required specifications as laid down by NAMM are met as this Council accepts no responsibility for memorials that become unsafe due to inadequate fixings/methods being used at the time of erection.

Please sign below to agree to fit to the NAMM Code of Working Practice.

Signature: _____

Date: _____

* Details of the NAMM Code of Working Practice may be obtained from the Clerk. Please see details overleaf for a diagram of a NAMM approved Memorial Ground Anchor System.

Insurance Details

Monumental Masons are requested to supply details of their insurers in respect of Employers' Liability Insurance and Public/Products Liability Insurance.

Name of Insurer: _____

Address of Insurer: _____

Insurance Policy number: _____