Memorial Application for Kirton in Lindsey Cemetery

Kirton in Lindsey Town Council
The Town Council Office,
Town Hall, High Street
Kirton in Lindsey, North Lincolnshire,
DN21 41.7

For office use:
Grave No:
Interment No:
Deed No:

DN21 4LZ (Tel: 01652 648978 / 07518 284173)

This form must be <u>fully</u> completed before being submitted, with full payment. (incomplete forms, & those without payment of the correct fee, will <u>not</u> be approved)

PLEASE NOTE:

(please use block capitals)
Address (in full)

- This section must be completed by the current legal Owner of the Exclusive Right of Burial (ERoB) if they are still
 alive. If not, then the ownership must be legally transferred <u>before</u> the application is submitted (the Clerk can be
 contacted for information about this). Note: having possession of the Deed of ERoB does <u>not</u> in itself constitute
 legal ownership of the ERoB.
- 2. The name of the memorial mason, section and grave number must be incised, or incised and inlaid, to match the main inscription, in figures up to 3/4" on the rear of the memorial.
- 3. The Council wishes to point out that it has a duty to remove any potential danger from the grave area & cemetery and therefore reserves the right to remove any breakable items, edging, any unauthorised objects or memorials deemed unsafe by the Council (see the current Regulations for what is permitted).
- 4. Only approved Memorial Masons are authorised to carry out work in the cemetery. An appointment must be made before carrying out any work.
- 5. The memorial will be subject to periodic random safety checks carried out by a person authorised by the Town Council.

Postcode

Owner of the ERoB - Full Name ______

Name of Deceased	Date of Death			
Number of Grave Space	Section			
Name of Licensed Memorial Mason(please use block capitals) Name & Address of Masonry Company(please use block capitals)				
Telephone number				
Line drawing or picture of Memorial* and Vase(s)* (Grave Sections & Numbers must be engraved on all memorials*)	Type of Stone*:			
	Dimensions* (in inches)	Height	Width	Thickness
	Memorial			
	Base			
	Foundation			
	Vase			
		* See the current Regulations		
Specify Ground Anchor System*:				

Tick the relevant option: O New O Vase O Permanent Foundation	n O Replacement O Additional Inscription O Refurbishment
	Proposed Inscription
In the event of a change of address immediately.	s, it is important that you notify the Town Council Clerk
The Council does not accept responsi settlement or maintenance operations ensure your memorial is protected by	memorial on a grave remains with the Owner of the ERoB. ibility for damage caused to the memorial by vandalism, graves (other than proven negligence). You are strongly advised to a suitable insurance policy. Please speak to your chosen note: some insurance policies may not include cover against
(Please tick one box)	
I have accepted memorial insurance	
I have declined memorial insurance	
(including all costs) of any memorial Mason to erect, on my behalf, this method the additional inscription (as above). claims and legal fees and costs incur	the ERoB, I am responsible for the continued maintenance on the grave and I hereby authorise this approved Memorial nemorial in this cemetery, or to carry out the work or to make. I will indemnify the Council from, and against, all liability or tred, which may result from erecting a memorial on the grave neir successors in title, claiming ownership of the grave. BB:
Signature of the Memorial Mason: _	Date: