

Application for repair and/or renovation of a memorial



Cemetery (please tick one)

<input type="checkbox"/> Fulham Cemetery	<input type="checkbox"/> Margravine Cemetery	<input type="checkbox"/> Mortlake Cemetery	<input type="checkbox"/> North Sheen Cemetery		
Section:		Grave number:		Name of deceased:	
Mason/Company name:					

This form must be completed IN FULL by the nominated monumental mason and signed by ALL grave owners before the works are considered.

Forms that have not been completed in full will be returned without notice. Please read the notes overleaf before submitting.

The completed form should be sent back to the cemetery office together with a cheque for the permit fee payable to LBHF (London Borough of Hammersmith & Fulham).

To pay by card please tick this box and we will call you ☐

Once approved a permit will be sent to the memorial mason.

Forms sent without payment will be returned without notice.

Details of works (attachments are not accepted)

<input type="checkbox"/> Repairs to headstone/curbs/landing
<input type="checkbox"/> Cleaning of the memorial
<input type="checkbox"/> Regilding/repainting of inscription as per original design/permit
<input type="checkbox"/> Addition of grave number and section number/letter (required if not currently present)
<input type="checkbox"/> Other. Please specify:

This form must not be used where alterations to an existing memorial or an additional inscription(s) are requested. If you are adding an inscription or changing a existing memorial an 'Application for approval of a new memorial/ additional inscription' form will need to be completed. Where there is no grave number already inscribed on the headstone, then this must be added to the memorial during the repair/renovation.

Details of how the works will be completed

<input type="checkbox"/> The above works will be completed onsite
or
<input type="checkbox"/> The headstone and/or parts of the memorial will be removed from site
<input type="checkbox"/> If refixing is required, I confirm that the headstone will be fixed in accordance within BS8415 and current BRAMM and NAMM guidelines

Correspondence

Correspondence should be directed to:

The Cemeteries Office, North Sheen Cemetery, Lower Richmond Road, Richmond, Surrey, TW9 4LL

Tel 020 8878 1934

Email cemeteries@lbhf.gov.uk

Important information

All memorial masons must adhere to the cemeteries regulations when working in the cemetery, these can be found on the LBHF website located on the cemeteries page. Please note the following information:

1. **Grave ownership.** This application is for repairs and/or renovations to an existing memorial (including kerbs and landings where applicable). Where one or more grave owners exist then all owners must sign this form in ink. Where there is no living owner the client must sign the declaration part of the form confirming that all parties have been informed of the proposed works.
2. **Grave number.** The grave number and section must be clearly inscribed on all memorials.
3. **Insurance.** Memorials placed in the cemetery are done so at the risk of the grave owner/s. Memorials do not become the responsibility of the council or its contractor/s and it is strongly advisable to insure memorials against damage and vandalism etc.
4. **Appointments.** All masons must call to book a date and time to complete works in the cemetery. The tear off part of the permit must be returned the cemetery office once works are completed.

Details of stone mason

Company name:			
Contact name:			
Address:			Postcode
Telephone:			
Email:			
<p>Declaration. I have read and understood the current regulations regarding memorials and fixings. I will not carry out any works until I have received the approved memorial permit back from the cemetery office, and I will adhere to its terms and conditions. I understand that the memorial will be checked after the works and that I am liable for any further works that may be required by the cemetery manager or his/her nominated colleague in respect of adjustment to its position, removal of inscribed lettering not authorised or if the grave number has not been inscribed. I confirm that the memorial will be assembled and fixed in accordance to BS8415.</p>			
Signed:		Date	
BRAMM number		NAMM number	

Grave owner/s (all grave owners must sign this section)

Declaration. I/we have checked the details on page 1 of this form and grant permission for the memorial to be repaired and/or renovated as described. Where there is no living owner (see 1 above) I confirm that I have consulted with all family members and there is no objection to the proposed works – including the removal of the stone from the cemetery to complete works where required.

Owner 1/Applicant (see 1 above)		Owner 2	
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Telephone:		Telephone:	
Signed:		Signed:	
Date:		Date:	