###### FORM A. 2

# RAMSEY TOWN COUNCIL

11 Great Whyte, Ramsey, Cambs, PE26 1HG

Telephone: (01487) 814957

Email: ramseytc@ramseytowncouncil.gov.uk

Town Clerk:Lisa Renfree



This notice should be completed in full and a cheque/BACS payment for the relevant fee delivered to the Burial Administration Office **PRIOR TO WORK COMMENCING**. The prompt delivery of this form is essential in ensuring the smooth running of the service.

**No work is to be carried out in the Cemetery until you have received a permit and contacted the Council as per the Cemetery Rules and Regulations and Memorial Mason Registration Scheme.**

### APPLICATION FOR MEMORIAL

NAME & ADDRESS OF MEMORIAL MASON: …………………………………………………………………………………

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NAME OF DECEASED: ………………………………….……………GRAVE NUMBER: ….……………………………….

DATE OF DEATH: ………………………………………..…… DATE OF BURIAL: ……………….…………………………..

NAME & ADDRESS OF PURCHASER OF MEMORIAL (HOLDER OF EXCLUSIVE RIGHTS OF BURIAL): ……………………………..………………………………………………………………………………………………………….

………………………………………………………………..…………………………………………….………………………….

BURIAL GRANT REG NO: ……………………………….………………………….…….……………………………………..

TYPE OF MEMORIAL/TABLET: ………………………….…………………….…MATERIAL: ………………………………..

SIZE OF MEMORIAL/TABLET: ………………………………………………………………………………………..…………

Overall Dimension Sizes Are:-

Ashes Section Headstone 21” height 21” width (1’9” height x 1’9” width)

Tablet 18” x 18” (1’6” height x 1’6” width)

Sloping Tablet 27” length x 18” width (2’3” length x 1’6” width)

Single Grave Headstone 30” to 36” maximum height (2’6” to 3’)

30” to 36” maximum width (2’6” to 3’)

Double Grave Headstone 30” to 36” maximum height (2’6” to 3’)

Overall Width 86½ (7’2½”)

**ALL CONCRETE BASES, PLINTHS AND SLABS ARE TO BE GROUND LEVEL DUE TO HEALTH AND SAFTEY. MAXIMUM SIZE 86½ “ width (7’2½”) x 86½ “ length (7’2½”)**

**SHOULD ANY BE CONSTRUCTED ABOVE GROUND LEVEL THEN THE MEMORIAL MASON WILL BE ASKED TO RECTIFY TO THE COUNCILS SPECIFICATIONS.**

METHOD OF FIXING: (Must be to NAMM standards)………………………………….………..……………………………………

WORDING OF INSCRIPTION: ……………………………………..………………………………………………………………

………………………………….…………………………………………………………………………….…..…………………….

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ANY OTHER RELEVANT INFORMATION: ……………………………………………………………………………………….

**BACS Payments: Barclays 20-43-63 A/c 60745790**

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| The fixing time shall be during working hours only, unless otherwise requested. Fixing out of working hours will be by prior arrangement only and may incur an additional cost.  It is important that the given date and time are adhered to. Should you wish to alter these details, you must inform the Burial Administration Office 24 hours prior to the date and time given. | | | | | |
| **PROPOSED DAY & DATE OF WORK:** |  | **PROPOSED TIME OF WORKING:** |  |
| (You Must Allow 14 Clear Working Days From Receipt Of The Form A3 Before Calling To Erect a Headstone) | | | | |

**Headstone Fixing Details**

Stainless steel threaded rod fixed/ ground anchor in accordance with NAMM Specifications

Maximum overall height on individual foundation as indicated in Cemetery Rules & Regulations

Grout of epoxy resin, mortar or adhesive

**CARVED**

**Grave Number**

**PLINTH**

**Drawing not scaled**

**CONCRETE FOUNDATION**

**To Be Ground Level**

**300mm**

**900mm**

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| **Please note any changes:** | | |  | | | | | |
| (use additional sheet if required) | | |  | | | | | |
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| **I declare that the memorial shall not be installed until contact has been made with the Town Clerk. No variation to the details on the application will be permitted. All work undertaken on site will also be in accordance with the detail submitted on the Application to Erect a Memorial and the Current NAMM Code of Working Practice.** | | | | | | | | | | |
| **Signature of Monumental Mason:** | | | | |  | **Date:** |  |  | | |
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