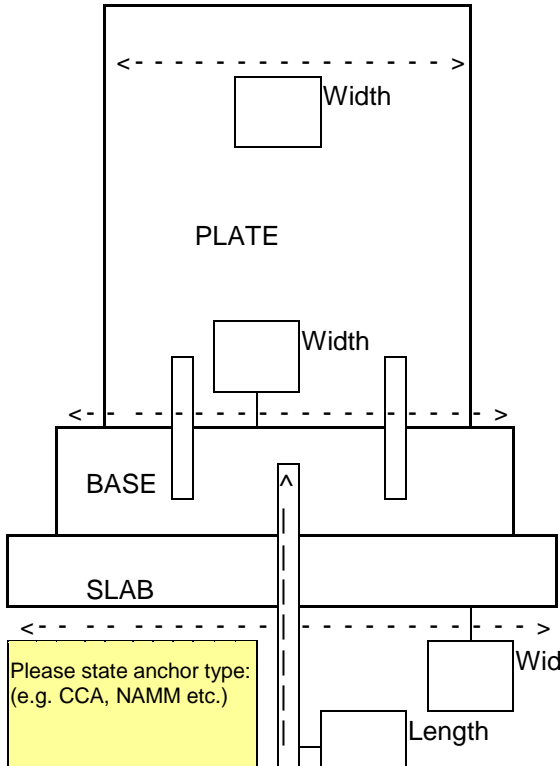
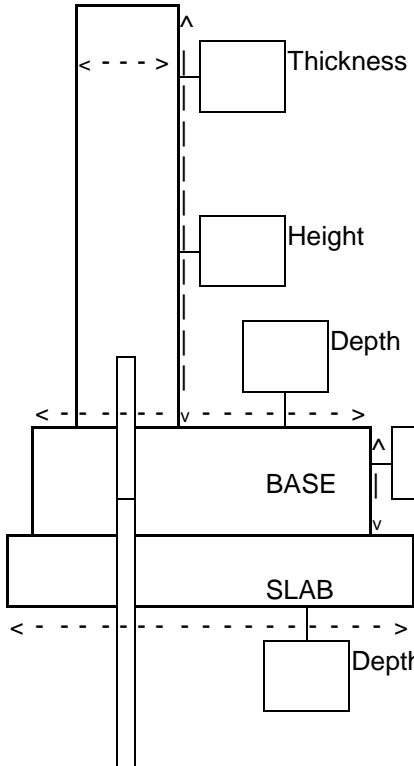


**APPLICATION: TO ERECT / REPLACE A MEMORIAL / FOR AN ADDITIONAL INSCRIPTION
AT BUXTON / GLOSSOP / HOPE / THORNSETT CEMETERY** (please delete as applicable)
(Please complete using **black** ink only, or fill in electronically then print out for signature)

Grave section (if applicable) and number (e.g. CE 9999)		Grave deed number (If available)	
Name, address (inc. post code) and phone number of person authorising work (e.g. grave deed owner)	Postcode: _____ Tel. No: _____		
Name, address (inc. post code) and phone number of firm carrying out work.	Postcode: _____ Tel. No: _____		

<p>FRONT VIEW:</p>  <p>Please state anchor type: (e.g. CCA, NAMM etc.)</p>	<p>LEFT VIEW:</p>  <p>Please state foundation type: (e.g. concrete / terrazzo etc.)</p>	<p>Material:</p> <p>Colour:</p>
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*Please note: dimensions may be in imperial (inches) or metric (mm).

If the memorial design differs significantly from that above please state how in the space below (e.g. book, cross, monolith etc.*) and give appropriate measurements above.

*Our memorial guidelines (including maximum sizes) may be found at <http://www.highpeak.gov.uk/article/7473/Burials>

Inscription:

Please note: Ground anchors must be fitted to all memorials (including those removed for additional inscription).

FOR OFFICIAL USE ONLY:

Fee: £	Received:	Approved:	Signature:
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I hereby certify that the work detailed above on the memorial for _____

Section and Grave No. _____ is approved for _____ Cemetery. P.T.O.

To the memorial mason:

- This form must be fully completed and returned to us before any work (including manufacture) commences and must be accompanied by a copy of the grave deed (photocopies are acceptable). Where no grave deed is available the person requesting the work must complete the indemnity below. Applications without evidence of grave ownership or a signed indemnity will not be accepted and will be returned.
- The sketch overleaf must be fully labelled with all measurements, including those of any foundation and ground anchor fixings. Inscriptions should be transcribed into the box provided. Applications without a fully labelled sketch will not be accepted and will be returned.
- The persons authorising the work should always be given a copy of our memorial guidelines before the application is sent and should be advised that memorial insurance is recommended, as any memorial installed within the cemetery is sited at the owner's risk.
- A signed and approved copy of the form will be returned to you to allow work to begin as soon as possible.
- The grave number and memorial mason's name must always be inscribed on the left hand side or rear of the base of the memorial.
- Stonemasons must ensure that the grave number and position in the cemetery is correct before erecting any memorial. Please contact the cemetery office if there is any doubt.
- All upright lawn memorials over 20" high (including new and replacement memorials and those removed for new inscriptions) must be fitted using a NAMM approved ground anchor.

Memorial Mason's Declaration: I hereby apply for permission to carry out the aforementioned work and agree to pay the appropriate fee before commencement of the work. I have given a copy of High Peak Borough Council's cemetery and memorial guidelines to the customer so that they are fully aware of High Peak's cemetery and memorial regulations. The memorial will be constructed and installed to current NAMM or BRAMM standards (Company registration/ membership number) and will comply with BS8415.

Memorial Masons signature: _____ Date: _____

To the grave owner:

A NAMM or BRAMM certificate of compliance that the memorial and its installation comply with BS8415 must be obtained from the memorial mason. It is also strongly recommended that the grave / memorial owner insures the memorial against all risks, as the memorial remains the property of the applicant and is placed in the cemetery at the owner's risk.

Indemnity (only to be completed if the grave deed is not present):

I / We declare that I am / we are the owner(s) of the Exclusive Right of Burial / next of kin / executor / lawful representative in respect of the aforementioned Grave and I / we consent to the above work and agree to indemnify the Council from and against all actions and claims by any persons in respect of such ownership. I have read a copy of High Peak Borough Council's cemetery and memorial guidelines.

Name:	Signed:	Relationship to deceased:
Address:		
Postcode:	Telephone No:	

Memorial Purchaser's Declaration: I hereby apply for permission to carry out the aforementioned work and agree to pay the fee before commencement of the work. I agree to ensure that the memorial is regularly maintained and that I will arrange for professional repairs to be carried out if the memorial ever becomes or is found to be unsafe. I am aware that the memorial is my responsibility to maintain and that if the memorial is not maintained and becomes unsafe it may be removed from the cemetery. I have read a copy of High Peak Borough Council's cemetery and memorial guidelines.

Grave owner signature: _____ Date: _____

Return to:

Address: Alliance Cemeteries Bereavement Services, The Cemetery Lodge, 87 Prestbury Road, Macclesfield, SK10 3BU Email: alliancecemeteries@cheshireeast.gov.uk