



## Shaftesbury Town Council

The Town Hall

High Street

Shaftesbury

Dorset SP7 8JY

Telephone 01747 852420

Email: [enquiries@shaftesbury-tc.gov.uk](mailto:enquiries@shaftesbury-tc.gov.uk)

### **APPLICATION TO ERECT A MEMORIAL AND/OR PLACE AN ADDITIONAL INSCRIPTION IN SHAFTESBURY TOWN COUNCILS MAMPITTS ROAD CEMETERY**

Two copies of this form must be submitted to the address above, together with drawings and appropriate fees. One copy will be returned with approval. The Right of Burial in all grave spaces must be purchased before any Memorial can be erected on any grave space. Shaftesbury Town Council will not accept any liability for damage caused to any Memorial. All Memorials will be included in our Memorial Safety Testing Programme.

**NAME OF DECEASED:**

**DATE OF DEATH:** **SHAFTESBURY RESIDENT/ NON RESIDENT**  
\* Delete as appropriate.

**GRAVE NUMBER (If known):** **BURIAL PLOT/CREMATED REMAINS PLOT**  
\* Delete as appropriate

**DETAILS OF APPLICANT:**  
I confirm that I am the rightful owner of the exclusive Right of Burial for the above plot and that I have read and agree to abide by the Cemetery Regulations with regard to Memorials. I understand that it is my responsibility to maintain the Memorial in good repair and ensure that any change of address is advised to you. (Note: Where the owner of the Exclusive Right of Burial is deceased a Transfer of Ownership will be required before any approval is given. Should a transfer be required you should contact Shaftesbury Town Council)

**SIGNATURE:**

Full Name:  
Address:  
Relationship to deceased:  
Date:

#### **DETAILS OF PROPOSED MEMORIAL and INSCRIPTION or ADDITIONAL INSCRIPTION**

**HEADSTONE/ CREMATION TABLET/ ADD INSCRIPTION / REPLACEMENT** \*Delete as appropriate

SIZE	HEIGHT	WIDTH	DEPTH
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Name and Address of Memorial Mason I confirm that the memorial will be installed in accordance with the current NAMM guidelines (minimum std) and that the Town Council will be given advance notification of the the date of installation. Shaftesbury Town Council reserves the right to be in attendance and monitor installation. <b>Signature:</b>	<b>Name:</b> <b>Address:</b>  <b>Tel No:</b>
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**ILLUSTRATION- Please include materials to be used and colour**

**PROPOSED INSCRIPTION**

*All memorials be engraved with the grave location (plot number) . This is to be engraved on the rear of the memorial .*

FEE PAYABLE TO SHAFTESBURY TOWN COUNCIL (prior to erection of memorial/additional inscription)	£.....
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**DESIGN & INSCRIPTION APPROVED BY TOWN CLERK**  
In approving this memorial application, the Town Council does not take any responsibility for loss, damage or theft to memorials

Signed ..... Date.....

**OFFICE USE**  
Receipt No: ..... Date: ..... Deed No:.....