



APPLICATION FOR PERMISSION TO UNDERTAKE MEMORIAL WORK

Please forward this authority form to Stockport Borough Cemetery,
Buxton Road, Heaviley, Stockport SK2 6LS. Telephone: 0161 480 5221

Application forms should only be signed by the person believing themselves to be the owner of the grave. Before any work can commence a permit will be issued.

NAME AND ADDRESS OF MONUMENTAL MASON:	
DATE:	
Telephone:	
Fax:	
Email:	
Mobile:	

Grave No.		Section No.		Mason I.D. No.	MM
Cemetery		Name of Deceased		Date of Death	

Describe work to be undertaken e.g. new memorial, additional inscription, clean etc. (sketch on reverse of form)	
Details of proposed anchor system	
Other details e.g. clean only, replacement kerb set / replacement headstone	

Type of material		
Height of headstone		
Width of headstone		Work expected to be carried out date

Sketch of the proposed memorial	Proposed inscription
--	-----------------------------

I / We the owner(s) of the Rights of Burial give consent for the specified works to be carried out on the grave. I understand that the Stockport Metropolitan Borough Council Cemeteries & Crematorium Service has no connection with any firm of monumental masons and employs no agents and accepts no responsibility for the quality and or standard of work and / or materials used.
I ACCEPT FULL RESPONSIBILITY FOR THE GOOD AND SAFE CONDITION OF THE MEMORIAL and I am the rightful person to authorise this work.

Print name(s) in full

Address

Signature of all registered owners

ALL WORK MUST BE CARRIED OUT IN ACCORDANCE WITH THE N.A.M.M. CODE OF WORKING PRACTICE AND INCLUDE AN APPROVED FIXING SYSTEM FOR NEW MEMORIALS AND THOSE MEMORIALS THAT ARE RE-FIXED. MEMORIALS MUST HAVE THE GRAVE NUMBER AND SECTION INSCRIBED ON THE BASE. ALL HEADSTONES WITH AN ANCHOR SYSTEM FITTED TO BE INSCRIBED WITH AN ASTERIX * NEXT TO THE GRAVE NUMBER AND SECTION. MONUMENTAL MASON NAMES TO BE INSCRIBED ON THE BASE.

I the Monumental Mason have read and understood the Stockport Metropolitan Borough Council regulations and agree to abide by them.

Signed: **Print Name:**

For Official use only.

AUTHORITY APPROVED BY _____

PERMIT NUMBER _____

RECEIPT NUMBER _____

DATE PERMIT ISSUED _____

EXPECTED START OF WORK DATE _____ **COMPLETED DATE** _____