MEMORIAL

Sopley Parish Council

Sopley Burial Board, Silver Mist, Ringwood Road, Sopley BH23 7BE
01425 674833 – cemetery@sopley.gov.uk

APPLICATION TO ERECT A MEMORIAL AND/OR PLACE AN ADDITIONAL INSCRIPTION (page 1 of 2)

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.
Sopley Parish Council will not accept any liability for damage caused to any Memorial except where damaged by our staff or sub-contractors.
All Memorials will be included in our Memorial Safety Testing Programme.

NAME OF DECEASED:

DATE OF DEATH:	**PARISHIONER: Yes / No**

LAST KNOWN RESIDENCE:

GRAVE NUMBER (IF KNOWN):	**SECTION:**

DATE OF APPLICATION:	**EROB GRANT CERTIFICATE NO:**

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.** **SIGNATURE:**	**Full Name:** **Address:** **Telephone:** **Email:** **Relationship to deceased:** **Date:**

DETAILS OF MEMORIAL MATERIAL:
MATERIAL:
COLOUR:
SURFACE FINISH:
STYLE OF LETTERING:
COLOUR OF LETTERING:

ANY ADDITIONAL INSCRIPTION **DETAILS OF EXISTING MEMORIAL WITH NAME AND YEAR OF DEATH:**

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

SIZE (INCHES)	**HEIGHT**	**WIDTH**	**DEPTH**

Sopley Cemetery

DETAILS OF PROPOSED MEMORIAL/INSCRIPTION (page 2/2)

PROPOSED INSCRIPTION	ILLUSTRATION (If not enough room please use a separate sheet)
WE ACKNOWLEDGE THE REQUIREMENT TO INCLUDE A DISCREET INSCRIPTION OF THE GRAVE SECTION AND PLOT NUMBER AS PER SOPLEY CEMETERY REGULATIONS	

NAME AND ADDRESS OF MEMORIAL MASON *(Accredited by the British Register of Accredited Memorial Masons & operating to National Association of Memorial Masons standards)*	
We confirm that we have read and agree to abide by the Cemetery Regulations with regard to Memorials. We also confirm that we (and any sub-contractors used) are a BRAMM accredited company and that the memorial will be fitted by a BRAMM licensed fitter to NAMM standards. **SIGNATURE:** **Authorised Signatory** **Date:**	**Name of Memorial Mason:** **Address:** **Telephone:** **Email:**

SOPLEY CEMETERY OFFICE USE ONLY		
I, the undersigned, do hereby approve the proposed Memorial: ***AUTHORISED SIGNATORY:***		
PRINT NAME	***DATE SIGNED:***	
Grave No :	***Section Ref:***	***Memorial Fee Sum Paid:*** **£**
Deed of Grant attached/checked (please strike or tick)		