

Market Deeping Town Council  
Town Hall  
Market Place  
Market Deeping  
PE6 8EA



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Town Clerk: Mrs Gail Darnes

**Market Deeping Cemetery – Request for a Memorial**

This application is to be completed and signed by the owner of the Grant of the Exclusive Right of Burial and the Memorial Mason for every kind of work proposed to be carried out in relation with a memorial at Market Deeping cemetery.

**SECTION ONE – FOR GRANT OWNERS USE:**

Name of Deceased .....

Grave/Plot No ..... Date of Burial .....

I, .....  
(Please enter name in full)

As Owner of the Grant of Exclusive Rights of Burial\*/Next of Kin\*/Executor of Will\*  
(\*please delete as appropriate)

Request that .....

.....  
(Please enter the name and address of Memorial Mason who will be carrying out the work on your behalf)

Be permitted to carry out the work as detailed overleaf. I understand that the memorial remains my property and as the owner of the Grant of Exclusive Rights of Burial I am responsible for keeping the memorial in good repair at all times to meet current and any future Health and Safety Regulations of Rules that may be applied. I understand that if I fail to do so the memorial may be laid flat/removed without prior notice. I agree to allow Market Deeping Town Council to authorise random testing of memorials to National Association of Memorial Mason standards (or any relevant Health and Safety standards) to ensure that I am complying with my obligations as the owner of the Grant of Exclusive Rights of Burial of this grave/plot. If the memorial is found to be in an unsafe condition, at any time, I accept that the memorial will be laid flat/removed and that I will be responsible for the cost of removal and renovation/repair cost if I choose to have the memorial reinstated. I will ensure that I notify the Town Clerk in writing of any change of address to enable them to notify me of any change in rules or regulations that may affect the grave or memorial.

Signed: ..... Date: .....

Name: .....

Address: .....

.....

Telephone no: ..... E-mail address: .....

**SECTION TWO:**

To be completed by the Memorial Mason who will be erecting a memorial or carrying out work, of any kind, on a memorial, at Market Deeping cemetery

Description of work: Please delete as appropriate and provide details:

- ❖ Erection of Headstone (please list style of memorial and measurements)
- ❖ Placing of a flat cremation stone, single 10"x10"/254x254mm or double 10"x20"/254x508mm  
**OR**  
Sloping granite wedge with or without vase (memorial measurements single wedge 10"x10"/254mmx254mm with a landing slab measuring 14"x14"/356x356mm or a double wedge 10"x20"/254x508mm plus a landing slab measurement of 14"x24"/356x610mm. Maximum height at the back of the wedge 102mm sloping to the front with a maximum height of 51mm.
- ❖ Additional Inscription
- ❖ Repair Work

Details of Memorial: (please include a drawing)

Dimensions: .....

Material: ..... Colour: .....

Inscription on Memorial: .....

.....

.....

**I confirm that:**

- ❖ The memorial has been manufactured and will be erected to the current minimum National Association of Memorial Mason (NAMM) standards. In the case of headstones this will include a NAMM approved anchor system.
- ❖ All work carried out on the memorial (e.g. Removed for additional inscription or other repair work) will meet current minimum NAMM standards and in the case of a headstone will include a NAMM approved anchor system.
- ❖ **I confirm that a copy of the NAMM Certificate of Compliance will be forward to Market Deeping Town Council upon completion of installation/works carried out to verify compliance.**
- ❖ I have explained to the owner of the Grant of Exclusive Rights of Burial that the memorial remains their property and that they are responsible for keeping it in good and safe condition to current industry and general Health and Safety standards at all times.
- ❖ I have advised the owner to consider insuring the memorial against accidental damage and vandalism.

Signed: .....

Name: .....

Date .....

**Name, address and contact numbers of company represented:**

.....

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Please provide payment on application

**Payment Details:**

By Cheque, payable to Market Deeping Town Council

By BACS Account Name: Market Deeping Town Council

Sort Code: 20-81-20

Account Number: 70607266