

Salford City Council Bereavement Services

Cemeteries and Crematorium Office, Langley Road, Agecroft
Cemetery, S w i n t o n , Salford. M27 8SS
Telephone 0161 686 7290

Email. agecroft.cemetery@salford.gov.uk

Application to Erect a Memorial

This form must be carefully and accurately completed and delivered to
the Cemeteries and Crematorium Office.

Salford City Council will not accept any
instructions by telephone.

**Please read carefully and ensure all information is correct
before signing this form.**

Stonemason
Signature:
Grave Owner

- Grave owner informed by Authority
- Stonemason recalled to remove/alter the monument as per original specification
- The incident will be recorded as a non-compliance to cemetery regulations which could result in suspension of future works within Salford City Council Cemeteries

Details of Mason

Company Name: Address:

Postcode:.. Tel:

BRAMM Reg. No. Badge holder Name & No:

(Please note one mason working at any one time in SSC cemeteries must be registered with BRAMM)

I hereby agree to abide by the cemetery rules and regulations. To seek permission prior to the creation/erection of a memorial a permit application submitted and issued for the proposed works. To book in 24hrs prior to an appointment request. To provide on arrival the permit. To fix the memorial to British standard 8415.

Mason Signature : Printed:

Grave Details

Denomination:..... Section:..... Grave No:.....

To Be Completed By the Grave Owner (s)

I/We hereby authorise to carry out the work detailed on the above grave and authorise removal from the cemetery if necessary

(Please delete) Grave Owner/Stat Dec No Signed

Name:..... Address:.....

Postcode:.....

Tel:..... Mobile:.....

I/We hereby by agree to abide by the cemetery rules and regulations, details of which have been provided to me. I understand that I may not plant the grave or erect fencing or kerbs, or place any objects on or around the turfed area of the grave. And that on the above grave space, I am wholly responsible for the maintenance and safety of the memorial. I hereby authorise Salford City Council to remove the stone should they deem it to have become unsafe or dilapidated.

Signature:..... Printed:.....

Agreement:

I agree that should the authority become aware that the memorial is not erected to the original permit specification then the following steps will be taken:

- Grave owner informed by Authority
- Stonemason recalled to remove/re-erect the memorial as per original specification
- The incident will be recorded as a non-compliance to cemetery regulations which could result in suspension of future works within Salford City Council Cemeteries

Signatures:

Stonemason Grave Owner

Description of Memorial and Details of Inscription :

Description of memorial

Please provide a full drawing of the proposed memorial including fixing & inscription

Cemeteries and Crematorium Office, Langley Road, Agecroft
Cemetery, Swinton, Salford. M27 3SS
Telephone : 0161 686 7290
Email: agecroft.cemetery@salford.gov.uk

Application to Erect a Memorial

This form must be carefully and accurately completed and delivered to
the Cemeteries and Crematorium Office.

Salford City Council

Check List:

Headstone

Plate size: Base size: Plinth size: Foundation size:

Kerbs:

Side kerbs size: Head/Foot kerb size:

Foundation size: (Full frame/single landings/double landings) **delete**

Fixing Method:

Dowel sizes:

Plate to base: Base to Foundation:

Plate/Kerbs to kerbs: Landings doweled together

Anchor type and size: