

**Permit forms must be returned to the relevant office.**

**Please complete all sections of the application and return with the correct fee. If incomplete, the form will be returned and this will cause a delay.**

**Please note – West Norwood Consecrated Section Applications require the completion of Application for Permission Form B (incorporating a Petition for Faculty).**

## Permit form

I **AM** the Current Owner of the rights to Grave  Plot  Cons  Gen  Cremation plot.

**AND** am making an application for consent to

Erect a new memorial **(for a period of 25 years unless specified otherwise)**

Add an additional inscription to an existing memorial  
**(for a period of 25 years unless specified otherwise)**

Renovate existing memorial **(Please specify works)**

Remove memorial from site

Dimensions, inscription and proposed memorial image must be included. Please continue on an additional sheet of necessary.

I authorise the work to the memorial to be undertaken by

Masons name

Full Address

  
  
  

Postcode

Landline number

Mobile (If Applicable)

### Masons Declaration

I hereby accept responsibility and bear the cost of any damage that may be caused to the cemetery or any of the graves, paths, memorials, turf, etc as a result of the removal and/or installation of the above memorial. If there is an original concrete base from an existing memorial which is to be replaced, this will be removed from site along with any material used upon completion of the above work. The company employees responsible for carrying out the work are NAMM and BRAMM qualified and are insured under the correct Public Liability Insurance policy carried by the company.

Masons Signature

Date

Name of Person Signing

Position

## Grave Owners Declaration

**I HEREBY AGREE that I understand that all rights purchased are subject to the Council's regulations in force now, and may be amended** (without prior notice and notification by the cemetery and crematorium management) or **(from time to time) and upon the expiration of the rights of burial I will surrender the rights any the memorial(s) in situ on the grave.**

I agree to abide by the cemetery regulations and procedures in force and am aware these may be amended without prior notice and notification by the cemetery and crematorium management.

Name

Full address

Door/Flat no _____
Street address _____
Town _____
City/County _____

Postcode

Landline

Mobile

Email Address

Signature

## For office use only

Remittance £  Receipt/Invoice No

Grave no  Purchase reg no

Day book register  Date

**Cheques to be made payable to London Borough of Lambeth or LB Lambeth**