Mynwent Cyhoeddus Trefriw â Llanrhychwyn Trefriw and Llanrhychwyn Public Cemetery

PERMISSION TO RENOVATE OR ADD AN INSCRIPTION TO A MEMORIAL IN THE CEMETERY

This form should be submitted at least 7 days before you intend to work in the cemetery and must include the signature of the registered Grave owner.

Cheques should be made payable to: Trefriw Community Council

Grave No Section		
Certificate of Exclusive Rights Number:Approximate purchase date if not known:		
1. TO BE COMPLETED BY THE GRAVE OWNER.		
Name of Registered Grave owner		
AddressPostcode		
TelephoneMobile		
Signature		
IF THE REGISTERED GRAVE OWNER IS UNABLE TO SIGN Please note that in law we are only permitted to allow changes to a grave including erecting headstones and adding inscriptions with the written permission of the Registered Grave Owner. The Clerk/Cemetery Registrar will be able to you who is the Registered Grave Owner. If the Registered Grave Owner is deceased or unable to sign then a transfer ownership must be completed before this application can be approved.		
TRANSFER OF OWNERSHIP A transfer of ownership can be complicated and each case needs to be looked at individually by a recognised and competent authority suitably qualified to advise you in law.		
A Change of Ownership Form is available from the Clerk. This must be witnessed and signed by a Solicitor or Commistor Oaths prior to any changes to the grave taking place. Solicitors may charge a fee for this service.	ssioner	
Please note that an administrative fee of £12 is payable to Trefriw Community Council to cover the cost of amending Cemetery Registers. 2. TO BE COMPLETED BY THE MONUMENTAL MASON	; the	
I (We) agree to be responsible for the work on the headstone or monument and to ensure that the said headstone or monument shall at the very least accord with the National Association of Memorial Masons guidelines for headstone monument erection. I (We) further agree to pay for any damage which may be occasioned to the property of the Auror to any adjacent vault, grave, tomb, monument or memorial stone by reason of any negligence on the part of my (workmen or the workmen of any sub-contractor employed by me (us) in connection to the work referred to in this application.	es and thority	
SignedCompany Name		
Address		
PostcodeTelephone		
Email addressBRAMM registration number		
Date of Application		

DATE WHEN WORK IS PROPOSED TO E	E DONETIMETIME
DESCRIPTION OF WORK TO BE DONE	
Details of person giving instructions fo	r the work
Title	
First Name	
Last Name	
Preferred method of contact	
Address	
	Main Tel. Number
Alternative Tel. No	Email address
	etery must have the grave and section numbers clearly inscribed upon them before on may be discreetly inscribed in an appropriate place on the memorial. The address on are not permitted.
Date approved:	
Signad.	Claul