Cyngor Cymuned Trefriw

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		
Address	Postcode	
Telephone	Mobile	
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 tell you who is the Registered Grave Owner. If the Registered Grave Owner is deceased or unable to sign then a transfer of 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 Commissioner for Oaths prior to any changes to the grave taking place. Solicitors may charge a fee for this service.

Please note that an administrative fee of £12 is payable to Trefriw Community Council to cover the cost of amending the Cemetery Registers.

2. TO BE COMPLETED BY THE MONUMENTAL MASON

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 headstones and monument erection. I (We) further agree to pay for any damage which may be occasioned to the property of the Authority or to any adjacent vault, grave, tomb, monument or memorial stone by reason of any negligence on the part of my (our) workmen or the workmen of any sub-contractor employed by me (us) in connection to the work referred to in this application.

Signed	.Company Name
Postcode	
Email addressBR/	AMM registration number
Date of Application	

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DATE WHEN WORK IS PROPOSED	TO BE DONETIME	
DESCRIPTION OF WORK TO BE DO	NE	
Details of person giving instructio	ns for the work	
Title		
First Name		
Last Name		
Preferred method of contact		
	Main Tel. Number	
	Email address	
All memorials installed within the	Cemetery must have the grave and section numbers clearly inscrib emason may be discreetly inscribed in an appropriate place on the	bed upon them before

Date approved:

Signed:Clerk