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.

All fees to be paid by direct bank transfer only - please contact the Clerk for details

Grave No Section	
Certificate of Exclusive Rights Number:Appr	oximate purchase date if not known:
1. TO BE COMPLETED BY THE GRAVE OWNER.	
Name of Registered Grave owner	
Address	Postcode
Telephone	1obile
Signature	
IF THE REGISTERED GRAVE OWNER IS UNABLE TO SIGN Please note that in law we are only permitted to allow change inscriptions with the written permission of the Registered Grayou who is the Registered Grave Owner. If the Registered Grave ownership must be completed before this application can be	eve Owner. The Clerk/Cemetery Registrar will be able to tell ve Owner is deceased or unable to sign then a transfer of
TRANSFER OF OWNERSHIP A transfer of ownership can be complicated and each case ne competent authority suitably qualified to advise you in law.	eds to be looked at individually by a recognised and
A Change of Ownership Form is available from the Clerk. This for Oaths prior to any changes to the grave taking place. Solid	s must be witnessed and signed by a Solicitor or Commissione itors may charge a fee for this service.
Please note that an administrative fee of £50 is payable to Trowork involved. 2. TO BE COMPLETED BY THE MONUMENTAL MASON	efriw Community Council to cover the cost of administrative
I (We) agree to be responsible for the work on the headstone monument shall at the very least accord with the National As monument erection. I (We) further agree to pay for any dama or to any adjacent vault, grave, tomb, monument or memoria workmen or the workmen of any sub-contractor employed by application.	sociation of Memorial Masons guidelines for headstones and age which may be occasioned to the property of the Authority al stone by reason of any negligence on the part of my (our)
SignedCompany Na	me
Address	
PostcodeTelephone	
Email addressBRAMM registra	tion number
Date of Application	

DATE WHEN WORK IS PROPOSED TO BE DO	ONETIME
DESCRIPTION OF WORK TO BE DONE	
Details of person giving instructions for the	e work, if not the registered grave owner
Title	
First Name	
Last Name	
Preferred method of contact	
Address	
Postcode	Main Tel. Number
Alternative Tel. No E	mail address
•	r must have the grave and section numbers clearly inscribed upon them before may be discreetly inscribed in an appropriate place on the memorial. The address are not permitted.
Date approved:	
Signed:	Clark