FRIENDS OF HIGHGATE CEMETERY TRUST

Application to carry out memorial work at Highgate Cemetery

Once approved, this application will act as a permit, and must be presented to staff before work commences. Work may only be undertaken during office hours.

|  |  |  |  |
| --- | --- | --- | --- |
| Grave Number |  | Square Number |  |

\*This number must be inscribed on the back, lower right-hand side of the memorial

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| New Memorial |  | Additional Inscription |  | Renovation |  |

*Please tick as appropriate*

1. Memorial mason

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| Address line 2 |  |
| Town |  |
| Postcode |  |
| Telephone |  |
| Email |  |

1. The proposed memorial. *Please attach a proof and complete this section.*

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Stone |  | Type of Lettering |  |
| Stone Dimensions |  | Wording for Inscription |  |

For completion by the registered owners of the grave  
Please read this form carefully and complete in CAPITALS

|  |  |  |  |
| --- | --- | --- | --- |
| Grave number |  | Square number |  |

I/We (full name(s)

|  |
| --- |
|  |

*The names of all registered owners to be entered here*

of (full address)

|  |  |
| --- | --- |
| Street address |  |
| Address line 2 |  |
| Town |  |
| Postcode |  |

being the registered owner(s) of the above grave apply to the Friends of Highgate Cemetery Trust for permission to carry out the work specified overleaf. I/we understand that the memorial is my/our responsibility and that the Friends of Highgate Cemetery Trust is not responsible for any damage or breakage which may occur in any eventuality. I/we undertake to repair or remove the memorial in the event of its falling into decay or becoming broken or unsightly or dangerous. In the event of my/our failing to do so, the Friends of Highgate Cemetery Trust may, after due notice, remove and dispose of the memorial.

I authorise the memorial masons specified overleaf to carry out the work and I hereby indemnify the Friends of Highgate Cemetery Trust against any loss, claims, damages or costs which they may incur as a consequence of this work.

Signed

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

*The names and signatures of all registered owners to be included here*

FOR OFFICE USE

|  |  |  |
| --- | --- | --- |
| 🞎 Approved / 🞎 Declined | Cost £ | Date |
| Name | | Signed |