



Craven Bereavement Services

REGISTRATION OF MEMORIAL MASONS

IN CEMETERIES AND APPLICATION FORM FOR A LICENCE TO CARRY OUT MEMORIALISATION WORK CREMATORIUM GROUNDS

Introduction

As part of the Council's Bereavement Services initiative on unsafe memorials, a licensing procedure for Masons has been formulated in relation to the erection of memorials in the Council's Cemeteries and Crematorium.

The Council has a statutory duty to ensure public safety and has the power to do all things proper for the maintenance of its Cemeteries and Crematorium.

In licensing Memorial Masons to do works within the Cemeteries, the Council will licence only those fit and proper persons who work within the National Association of Memorial Masons Code and hold recent, full retail membership and/or those who have completed the attached Questionnaire to the approval of the Council. Each Memorial Mason must complete both the Application Form and Questionnaire and agree to comply with the attached Licensing Conditions which include an obligation to comply with the NAMM Code and Council's Rules and Regulations. All Memorial Masons are required to indemnify the Council in respect of their work.

- 1 **Type of Business** (see page of definitions)
- 2 **Name of Individual or Trading Name**
- Address of Office**

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Telephone Number (if the business is conducted from a different premise please give details)

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Position in Company

3 **Insurance**

Please provide copies of your current Employers and Public and Product liabilities insurance cover with a reputable insurer (Minimum £5 million cover for any one claim) and a receipt for payment of the last premium.

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4 **National Association of Memorial Masons**

Please supply a copy of your recent NAMM Certificate of Registration Number (for full retail membership) if you have one.

- 5 If you are not a member of NAMM please return the Questionnaire completed and signed with this Application Form.

6 **Guarantee**

Please supply a copy of the 6 year and 30 year guarantee issued to the Applicant on completion of the memorial work. A copy of which you will be required to send to Bereavement Services as part of the registration requirements.



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Declaration

I certify that the information provided in this Application Form and in answers to the Questionnaire are true. I understand that the provision of false information may result in the withdrawal of my licence and my exclusion from permission to enter on to the Council's land in order to carry out work in its Cemeteries and Crematorium. I undertake to provide you with any details of changes in the information given on this form as soon as possible.

I agree to be bound by the Council's Licensing Conditions, which are attached.

Signed Authorised Signatory

Authorised for and behalf of

Name

Date

Approved by
Authorised Officer of Craven District Council

Date