Permit Number: (For office use only)	Invoice No.:	Fee:	Interment No.:					
REDDITCH CREMATORIUM, BORDESLEY LANE, REDDITCH, WORCS. B97 6RR TELEPHONE: 01527 62174								
APPLICATION for a PERMIT to ERECT. INSCRIBE or RENOVATE a MEMORIAL								

DELAYS IN ISSUING A PERMIT MAY OCCUR WHERE THE APPLICATION IS MADE:-

- \* without providing ALL THE REQUIRED INFORMATION
- \* without the LEGAL RIGHT to place and maintain a memorial on the grave.
- \* without payment of the CORRECT FEE

PERMIT ISSUED				
SIGNED	DATED			

ALL WO	RK INVOLVING REMOVAL	OF A MEMORIAL REQUIRES A PERMIT.
DETAILS OF GRAVE ON	WHICH WORK IS TO TAKE	<u> PLACE</u>
Cemetery	Grave number	Deed number
Name & Address of REGISTERED OWNER of Exclusive Right of Burial		
DETAILS OF APPLICANT		
Full Name:		
Address:	100	
		Tel. Number;
DESCRIPTION OF PROP	OSED WORK, MATERIALS	AND DIMENSIONS
Headstone Book	Cross Tablet C	Other Type of Stone e.g. red granite
New Replaceme	nt Additional Inscription. Ren	lovation
Inscription		Dimensions  OVERALL HEIGHT, WIDTH & DEPTH:
Intended Date of Remova	Add surname of deceased if not in inscr	
of Existing Memorial (if applicable)  Intended Date of Fixing		Place provide an illustration
		Please provide an illustration. All parts to be described including any additional foundation slab

DECLARATION BY THE APPLICANT					
1 🗆	I AM THE OWNER OF EXCLUSIVE RIGHT OF BURIAL IN THE ABOVE GRAVE.				
OR 2	I HAVE PROVIDED WITH THIS APPLICATION THE WRITTEN PERMISSION OF THE OWNER OF EXCLUSIVE RIGHT OF BURIAL IN THE ABOVE GRAVE.				
<u>OR</u>	<del>-</del>				
3 🗌	I AM THE APPLICANT FOR THE FUNERAL OF THE DECEASED PERSON NAMED IN THE PROPOSED INSCRIPTION AND BURIED IN THE GRAVE. INSCRIPTION TO BE ENTERED ON AN EXISITNG HEADSTONE ONLY.				
THE MEMORIAL YOU INTEND TO HAVE ERECTED HAS GREAT PERSONAL AND FINANCIAL VALUE. YOU ARE STRONGLY RECOMMENDED TO PURCHASE INSURANCE AGAINST LOSS OR DAMAGE					
I REQUEST THAT A PERMIT BE ISSUED TO >>>>>>>  TO ALLOW THE ERECTION, INSCRIPTION OR RENOVATION OF A MEMORIAL ON A GRAVE AS DESCRIBED OVERLEAF, I HAVE READ AND UNDERSTOOD THE INFORMATION CONTAINED WITHIN THIS DOCUMENT.					
SIGNED	DATED	Tel.			
PLEASE ASK YOUR MEMORIAL MASON FOR A FULL GUIDE TO COMPLETION OF THIS APPLICATION					

# **Privacy Notice**

## Why do we collect this information?

We need the personal information you supply on this form so that we can provide the memorial of your choice with the wording you provide, collect your payment, and contact you when your lease is coming up for renewal. The legal basis for collecting this information is that it forms a contract.

# What information is collected?

- Your name, address, phone number, signature
- Details of your memorial

### Who has access to the information?

This information will be accessible to the staff working in the Bereavement team at Bromsgrove District Council and Redditch Borough Council.

This information will not be shared with or sold to any other service or organisation unless we have a duty to do so under law.

# Is the information sent outside the EEA?

This information will not be transferred outside of the European Economic Area.

## How long is the information kept?

The memorial information will be kept for the length of the lease plus two years.

If you pay for your memorial by bank card over the phone, the payment information will be kept for six years. Your card details (numbers etc) will not be kept on the system.

# Are any automated decisions made using this information?

No decisions around this information are made by automated means.

# Your rights

Your statutory rights and other privacy information is available on the Bromsgrove District Council/Redditch Borough Council website.