



# Record of Memorial Repair

Environment Directorate | Bereavement Services

For further information about our memorial inspection programme or for advice on completing this form, please contact Bereavement Services on 01352 703360 or 703361 or 703362.

Form: CEM 40  
Issue No.2  
Issue Date: Jun 2010

## 1 | To be completed by the registered grave owner(s)

I/We am/are registered owners(s) of the grave number:  
at cemetery:

I/We have instructed \_\_\_\_\_ (monumental mason)  
to carry out repairs to the memorial on this grave to make the memorial safe.

Signed

Date

Once Part 1 has been completed please send this form to the monumental mason carrying out the repair

## 2 | To be completed by the monumental mason carrying out the repair

I confirm that I have carried out repairs to the memorial on grave number  
at: \_\_\_\_\_ cemetery, to make the memorial safe  
in accordance with the council's conditions and specifications.

Description of repair (to include dowel lengths and widths where appropriate)

Company name

Signed

Date

Once the repair has been completed, please return this form to Flintshire County Council, Bereavement Services, Llwyn Egrin Hall, County Hall, Mold, CH7 6NR

### 3 | Office use only. Inspection by Council Officer

Name of Officer

Date of inspection

Repair  Approved  Rejected

Comments

Signed

Date

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