

Faculty Jurisdiction Rules 2015

PETITION FOR FACULTY FOR INTRODUCTION OF A MEMORIAL WHICH DOES NOT COMPLY WITH THE DIOCESAN CHURCHYARD REGULATIONS

To the Consistory Court of the Diocese of Chester

PARISH: _____ CHURCH: _____

TO BE COMPLETED BY THE PETITIONER(S)

Full name of Deceased:	
Date of death of Deceased:	
Normal address of Deceased prior to death:	

Details of each petitioner:

(1) Name:		Relationship to Deceased:	
Address:			
Tel No:		Email:	
(2) Name:		Relationship to Deceased:	
Address:			
Tel No:		Email:	
(3) Name:		Relationship to Deceased:	
Address:			
Tel No:		Email:	
(4) Name:		Relationship to Deceased:	
Address:			
Tel No:		Email:	

TO BE COMPLETED BY THE PETITIONER(S)										
The Petitioner(s) named above, PETITION as follows:										
The Petitioners seek a Faculty authorising the introduction of a monument in the churchyard of the Parish Church of in accordance with the Particulars contained or attached to this Petition.										
SIGNATURES OF PETITIONER(S)										
<table border="1"><thead><tr><th>Petitioner</th><th>Signature</th></tr></thead><tbody><tr><td>(1)</td><td></td></tr><tr><td>(2)</td><td></td></tr><tr><td>(3)</td><td></td></tr><tr><td>(4)</td><td></td></tr></tbody></table>	Petitioner	Signature	(1)		(2)		(3)		(4)	
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(1)										
(2)										
(3)										
(4)										
<table border="1"><tr><td>Date:</td><td></td></tr></table>	Date:									
Date:										

TO BE COMPLETED BY THE MEMORIAL MASON	
Details of Memorial	
Plot Number / Location:	
Type of Memorial:	
Type, colour and finish of stone:	
Design/shape:	
Includes kerbs, railings, posts, chains or horizontal stones:	
NB A scale drawing - not less than 2.5 cm = 25 cm - of the memorial must be provided	
Dimensions of Memorial	
Please use metric measurements	
Plate:	
Maximum Height – measured from ground surface:	cm
Maximum width:	cm
Maximum thickness:	cm
Minimum width:	cm
Plinth:	
Maximum height from ground surface:	cm
Maximum width:	cm
Maximum depth:	cm
Distance between front of plate and front edge of plinth:	cm
Foundation please insert dimensions:	cm
The foundation must not project above ground level and should be covered by soil	
In cases where the grave is to be enclosed by kerbs or other form of enclosure:	
Is grave to be covered with chippings or similar?	
Cremated remains tablet	
Dimensions:	Cm
Shape:	

TO BE COMPLETED BY THE MEMORIAL MASON	
PROPOSED INSCRIPTION	
Is the lettering to be:	
Coloured – give details:	
Painted – give details:	
Gilded – give details:	
Other – give details: (ie natural / raised / lead)	
Proposed style of lettering:	
Exact wording of the proposed inscription:	
Details of any proposed ornamentation:	
eg Carvings, emblems, insignia, moulded effects to be shown on the memorial. This should be shown correctly on the scale plan of the memorial to be provided	

To be completed by Petitioners

Please provide below the names and contact details of any next of kin, family members and those with an interest in the grave or headstone – please use a separate sheet if necessary.

Name:		Relationship to Deceased:	
Address:			
Tel No:		Email:	

Name:		Relationship to Deceased:	
Address:			
Tel No:		Email:	

Name:		Relationship to Deceased:	
Address:			
Tel No:		Email:	

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Address:			
Tel No:		Email:	

Name:		Relationship to Deceased:	
Address:			
Tel No:		Email:	

Name:		Relationship to Deceased:	
Address:			
Tel No:		Email:	

To be completed by Petitioners

I/We the Petitioner(s) confirm and agree as follows:

1. I / We understand that I am / we are the owners of the memorial and are responsible for its security and safety.
2. I / We have read and understand the Diocesan Churchyard Regulations and will comply with them. I / We consent to and authorise the removal of anything introduced, placed or planted on the grave or the memorial which has not been previously approved in writing in accordance with the Churchyard Regulations
3. I / We understand and agree that if the memorial becomes insecure and unsafe the memorial may be laid flat immediately in order to avoid the risk of injury and damage and if necessary removed to a safe place.
4. Our representative for future contact regarding the memorial – who will notify you of any change of address is:

Insert name and address of contact person
5. If our nominated representative is no longer able to carry out this role, we shall nominate a new representative for future contact.
6. Our representative will contact the Church in five years time to check the safety of the memorial.
7. I/We confirm that those listed on page 5 as being next of kin, family member and having an interest in the grave or headstone agree to the proposals.
If any next of kin, family member or person having an interest in the memorial or any existing memorial on the grave is not in agreement please give details on a separate sheet.
8. I / We understand that the memorial should not be erected within 6 months of the burial to allow for ground settlement. Due care and attention must be taken of local soil conditions.
9. We consent to our names and addresses being recorded in the Church records (paper filing system or electronic database) for these purposes.

Signature(s) of Applicants(s):

(1)

(2)

(3)

(4)

TO BE COMPLETED BY MEMORIAL MASON**IMPORTANT:**

**WORK SHOULD NOT COMMENCE ON HEADSTONE UNTIL YOU RECEIVE A
COPY OF THE SIGNED AND SEALED FACULTY FROM THE PARISH**

Full name of person completing
form:

Company name:

Company address:

(incl postcode)

Telephone number:

Email address:

We are members of NAMM:

☐ Yes

☐ No

We undertake that the memorial will be strictly in accordance with the details provided on this form

We undertake that the memorial will be constructed and installed in accordance with the current edition of the Code of Working Practice of NAMM and British Standard BS 8415

We agree to indemnify the Incumbent and Churchwardens and the Parochial Church Council against any liability that may arise out of any failure on our part to construct and install the memorial in accordance with the current edition of the Code of Working Practice of NAMM and British Standard BS 8415

Signature of Authorised Person

Signature:

Full Name of Signatory:
(Please print)

Date:

FEES AND CHARGES

Please note that there is a statutory fee of £362.40 upon lodgement of the petition.

This amount is the standard prescribed Court fee payable on the lodgement of a Petition for a Faculty. Court fees are laid down by annual Orders made by General Synod. This fee is payable whether or not a faculty is granted and is payable upon lodgement of the Petition.

Additional costs could be incurred should the petition become complicated, objections are received or there is a requirement for a court hearing or written representations. If this is the case you may be liable for these costs.

PAYMENT METHODS

Payment of the fee can be made by cheque payable to Chester DBF and returned to the address detailed below or by electronic transfer to the following account – please use the surname of the main petitioner as reference when making payment:

Acct Name: Chester Diocesan Board of Finance
Sort Code: 60-40-08
Acct No: 41930185

Once completed, please arrange payment of the fee and return the form and appropriate supporting documents to:

The Registry, Church House, 5500 Daresbury Park, Daresbury, Warrington WA4 4GE

Registrar: Lisa Moncur, LL.B

Tel: 01928 643 437

Email: lisa.moncur@chester.anglican.org

Clerk: Joanne Williams

Tel: 01928 643 430

Email: jo.williams@chester.anglican.org