

HARDWICK MEMORIAL APPLICATION

OFFICE USE ONLY									
Cremation No.:									
Receipt No.:									
Memorial No.:									
Date of completion:									
Letter to applicant:									
Lease expires:									

Applican	t's details:										
Full name	:										
Home add	droop										
nome au	iless.										
			Postc	ode:							
Email add	dress:		ı	Phone	No:						
Fee deta	ils:										
New men	norial fee:										
Lease ren	ewal fee:										
TOTAL:											
Please indicate how you will pay:											
	I enclose a cheque / postal orde	nclose a cheque / postal order payable to Walsall MBC for the total amount shown above									
	I wish to pay by debit / credit ca	ish to pay by debit / credit card									

I understand and accept that I:

- will be charged for rectifying any of the errors if the inscription details on this application are incorrect.
- must notify Walsall Council Bereavement and Registration Services of any change of address.
- am leasing the Hardwick Memorial for a period of fifteen years from the date of installation.
- must not place any additional vases, flower holders or other items on the memorial.
- agree to adhere to the Council Rules and Regulations in relation to Cemeteries and Crematoria. A full copy of which can be found at www.walsall.gov.uk.

I understand and accept that the council:

- will supply and display the Hardwick Memorial in the position allocated at Streetly Crematorium for a period of fifteen years in accordance with this lease following its initial installation.
- will use reasonable endeavours to contact me to inform me when the lease is about to expire and a renewal of the lease will be required for the Hardwick Memorial to remain in place.
- reserves the right to remove the Hardwick Memorial if a renewal of the lease does not take place.

 accepts no liability if it has been unable to contact the Applicant and the Hardwick Memorial is consequently removed.
- will contact me to take payment over the phone if I indicate I wish to pay by debit / credit card.
- will take all reasonable care to comply with the instructions given on this application form.
- is unable to accept responsibility for an incorrect inscription due to spelling errors.
- reserves the right to refuse or to vary any inscription that, in its absolute discretion, considers to be unsuitable.
- reserves the right to remove any additional vases, flower holders or other items placed on the memorial without notice.

By signing this document I authorise Bereavement Services to share any information on this form with third parties for the purpose of making the memorial plaque.

Signature:	Date:	

Walsall Council will only ever create, use, store and or share your data in accordance with the data protection regulations and conditions for processing as set out in our privacy statement(s) which are available online via http://go.walsall.gov.uk/privacy statement. Should there be a requirement to share your information for any other purposes outside of our public functions, tasks and statutory requirements, Walsall Council will always ensure consent is appropriate wherever necessary.



HARDWICK MEMORIAL APPLICATION

Decea	sed's	deta	ils:																	
Full name:																				
Date of	f deat	th:																		
Please	indi	cate	what	you a	re ap	plying	g for:	(pleas	se tick	c)										
	Α	new Hardwick Memorial, and have it inscribed with: (please tick)																		
	TE	EXT C	NLY a	NLY as shown below																
	TE	EXT A	ND A	ND A GOLD IMAGE as shown below																
	TE	EXT A	AND A COLOURED IMAGE as shown below																	
	TE	TEXT as shown below and a PHOTO PLAQUE																		
	Α	lease	rene	renewal for an existing Hardwick Memorial Hardwick No.:																
Please r the fiftee existing	en yea lease	ar per e, the	riod y	ou wil	l have	the o	otion t	o rene	w the	lease	for a									
Inscrip																				
Please use BLOCK CAPITALS and remember that each line is restricted to 20 characters. A space counts as a character. All text will be centred on the memorial.																				
1.																			Τ	
2.																				
3.																				
4.																				
5.																				
6.																				
7.																		<u> </u>		
8.																				
Artwo	rk:																			
In addi															hich v	will be	infille	d (with	n eithe	r gold
Inscrib		_	-				_		d on t	he me	morial	pleas	se des	cribe v	vhat y	ou red	uire b	elow a	and sa	ıy
whethe	er you	woul	Id like	e it to k	e gol	d or co	oloure	d.												
Floral c	design:																			
Badge:	:																			
Coat of arms:																				
Other:																				
If you h	nave a	a picti	ure of	your	prefer	red ar	twork	please	e encl	ose it	when	you re	turn th	nis for	n.		_	_	_	
Please If you r													nage s	upplie	ed whe	en ins	cribing	the p	laque	
Cerami photog	ic pho	oto pl	aque:	if you	woul	d like	a cera	mic pl		-			the m	emori	al plea	ase en	close	the re	quired	

If you need any assistance please e-mail us at BereavementServices@walsall.gov.uk or call the office on 0300 555 2848.