

STREETLY PLAQUE APPLICATION

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

Applicant's details:							
Full name	e:						
Home addr	ldress:						
1101110 44							
				Postcode	:		
Email ad	dress:	Phone No:					
Will the	deceased's cremated	l remains be placed b	eneath the	e Plaque	? (please o	circle)	
YES					NO		
Do you wish to be present when the cremated remains are placed beneath the Plaque? (please circle)							
	YES (an appointm	nent can be made once	the memor	rial is reac	ly)		NO
Fee deta	ils:						
New memorial fee:							
Reservation fee:							
Additional inscription fee:							
Refurbishment fee:							
Replacement fee:							
TOTAL:							
		<u>'</u>					
Please indicate how you will pay:							
	I enclose a cheque / p	nclose a cheque / postal order payable to Walsall MBC for the total amount shown above					
	I wish 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.
- 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 Plaque at Streetly Crematorium
- 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.

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.



Deceased's details:

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Full name	e:					
Date of d	leath:					
Please i	ndicate	e what you are applying for:				
	A new	new Plaque, and have it inscribed as shown below				
	A new	ew Plaque, reserved for future use				
	An existing Plaque to be: (please tick) Plaque No.:		Plaque No.:			
	inscribed as shown below					
	refurbished / renovated					
	replace	ed and inscribed as shown below				

Please note: If cremated remains are to be placed beneath the Plaque they must be contained within a plastic polytainer. Walsall Council can provide this type of container if necessary.

Please note that the only vase permitted is the one provided with the Memorial Plaque. All other vases etc, will be removed and disposed of by Crematorium Staff.

Ins	scription:			
Ple	ease use BLOCK CAPITALS and remember that each line is restricted to 18 letters.			
An	inscription may be of 4 lines or 8 lines			
Lin	Line 1 must only contain the deceased's name (surname then forenames).			
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

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