

**OFFICE USE ONLY**

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

## WALL TABLET APPLICATION

<b>Applicant's details:</b>			
Full name:			
Home address:			
		Postcode:	
Email address:		Phone No:	

<b>Fee details:</b>	
New memorial fee:	
Lease renewal fee:	
<b>TOTAL:</b>	

<b>Please indicate how you will pay:</b>	
<input type="checkbox"/>	I enclose a cheque / postal order payable to Walsall MBC for the total amount shown above
<input type="checkbox"/>	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.
- am leasing the Wall Tablet for a period of ten years from the date of installation.
- 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](http://www.walsall.gov.uk).

I understand and accept that the council:

- will supply and display the Wall Tablet in the position allocated at Streetly Crematorium for a period of ten 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 Wall Tablet to remain in place.
- reserves the right to remove the Wall Tablet if a renewal of the lease does not take place. accepts no liability if it has been unable to contact the Applicant and the Wall Tablet 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.

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.

<b>Signature:</b>		<b>Date:</b>	
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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.



## WALL TABLET APPLICATION

<b>Deceased's details:</b>	
Full name:	
Date of death:	

<b>Please indicate what you are applying for:</b>			
	A new Wall Tablet, and have it inscribed as shown below		
	TEXT ONLY as shown below		
	TEXT AND A BLACK IMAGE as shown below		
	TEXT AND A COLOURED IMAGE		
	TEXT as shown below and a PHOTO PLAQUE		
	A lease renewal for an existing Wall Tablet	Wall Tablet No.:	

Please note: The lease of a wall tablet is for a period of ten years from the date of completion. At the end of the ten year period you will have the option to renew the lease for a further ten years or lease a new tablet. If you choose not to renew the existing lease, the tablet will be removed from the display wall.

<b>Inscription:</b>	
Please use <b>BLOCK CAPITALS</b> and remember that each line is restricted to 25 letters where artwork is required. If you do not require artwork each line can hold 32 letters.	
Line 1 must only contain the deceased's name (surname then forenames). There can only be 18 letters on this line.	
1.	
2.	
3.	
4.	
5.	

<b>Artwork:</b>	
In addition to the inscription you can choose to have an image inscribed on the plaque which will be infilled (with either black or coloured paints) or a ceramic photo plaque attached to the surface of the plaque.	
<b>Inscribed image:</b> if you would like an image inscribed on the memorial please describe what you require below and say whether you would like it to be black or coloured.	
If you would like an image placed on the memorial please describe what you require below:	
Floral design:	
Badge:	
Coat of arms:	
Other:	
If you have a picture of your preferred artwork please enclose it when you return this form.	
Please note that it is not always possible to replicate a true likeness to the image supplied when inscribing the plaque. If you require a true likeness you should choose a ceramic photo plaque.	
<b>Ceramic photo plaque:</b> if you would like a ceramic photo plaque attached to the memorial please enclose the required photograph / picture when you return this form.	

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