

## HARDWICK MEMORIAL APPLICATION

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

Applicant's det	ails:				
Full name:					
Home address:					
		Po	stcode:		
Email address:			Phone	e No:	
				·	
Fee details:					
New memorial fe	ee:				
Lease renewal fe	ee:				
TOTAL:					

## 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.
- 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.

Telephone: 0300 555 2848



## HARDWICK MEMORIAL APPLICATION

Dece	ased	l's det	ails:																	
Full n	ame:																			
Date	of de	ath:																		
Pleas	e in	dicate	what	you a	are ap	plying	for:	(pleas	e tick	<b>x</b> )										
		A new	Hard	wick N	1emor	ial, and	d have	it ins	cribed	with:	(pleas	e tick)								
		TEXT	ONLY	as sho	own be	elow														
		TEXT	AND A	ID A GOLD IMAGE as shown below ID A COLOURED IMAGE as shown below																
		TEXT	AND A	COL	OURE	D IMA	GE as	show	n belo	w										
		TEXT	as sho	own be	elow a	nd a P	ното	PLAC	QUE											
		A leas	e rene	wal fo	r an e	xisting	Hard	wick N	/lemor	ial				Hard	lwick N	lo.:				
Inscr	iptio											ed to 2	0 char	acters	s. A spa	ace c	ounts	as a c	haract	ter.
		ll be ce						,	,		,	_				1		,		
1.																				_
2.		1				ļ														<u> </u>
3.		+			-	-	-												-	_
4. 5.		+	-			1														+
5. 6.																				
7.																				
8.																				
or col Inscr	dition oure	d pain	ts) or a	a cera	mic ph uld like	noto pl an im	aque i	attach iscribe	ed to	the su	rface	of the	plaqu	e.	vhich w					
Floral	desi	ign:																		
Badge:																				
Coat of arms:																				
Other				<b></b>									41-	:- 6						
14	nave	e a pic	ure o	ı your	preter	rea art	work	piease	encio	se It \	wnen '	you ret	urn th	is tori	11.					
If you											•				ed whe				_	

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