

STREETLY PLAQUE APPLICATION

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

Applicant's det	ails:								
Full name:									
Home address:									
					Posto	code:			
Email address:				Phone No:					
Will the deceas	sed's cren	nated remains	be placed b	eneath th	ne Pla	que? (please	tick)	
	Y	ES						NO	
Do you wish to	be prese	nt when the cr	emated rem	ains are	placed	d bene	eath th	e Plaqu	e? (please tick)
	YES (an a	opointment can b	e made once	the memor	ial is re	ady)			NO
Did the cremat	ion take p	olace at Streetl	y? (please t	ick)					
YES NO (If no, please note that yo		ou will need	l a certi	ficate o	f crema	tion from	where the cremation took place)		
Fee details:									
1 00 0000									
New memorial fee:									
Reservation fee:									
Additional inscription fee:									
Refurbishment for	ee:								
Replacement fee	e:								
Witness fee:									
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.
- 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.
- understand you will be contacting 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.

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:	
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



STREETLY PLAQUE APPLICATION

De	ceased's de	etails:	
Full name:			
Dat	e of death:		
Ple		te what you are applying for:	
	A new	Plaque, and have it inscribed as shown below	
	A new	Plaque, reserved for future use	
	An exi	sting Plaque to be: (please tick) Plaque No.:	
	inscrib	ped as shown below	
	refurbi	ished / renovated	
	replace	ed and inscribed as shown below	
Wals Plea	sall Council o	remated remains are to be placed beneath the Plaque they must be contained within a plastic polytainer. can provide this type of container if necessary. It the only vase permitted is the one provided with the Memorial Plaque. All other vases etc, will be removed by Crematorium Staff.	
Ins	cription:		
Ple	ase use BLC	OCK CAPITALS and remember that each line is restricted to 18 letters.	
An	inscription n	may be of 4 lines or 8 lines	
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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