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Thank you.

**Plaques need be re-made to add a further inscription. Please tick where appropriate.**

This application is for a replacement plaque      Plaque number, if known:

I wish to retain the original plaque      I will collect      Telephone No:

Herefordshire Council may recycle the original plaque      Please post (P&P applies)

I enclose a payment of £      (Cheques payable to Herefordshire Council)  
(Cash and Card payments are also accepted)

I confirm the inscription is correct and that the memorial plaque will be placed for an initial 10-year period. The obligations of the Council under this lease do not extend to the repair, renewal or replacement of any plaque unless the need for such repair, renewal or replacement is due to the negligence of the Council, its employees, contractors or other persons under the Council's control. Memorial trees remain the property of Bereavement Services

**Date**      **Signature**

HEREFORDSHIRE COUNCIL reserve the right to vary any inscriptions as may be found necessary or to refuse an application which is considered unsuitable.

Applicant name and address (please print)

Please print:	Mr    Mrs    Miss    Ms	
Address		
Postcode		
Tel. No:		E-Mail Address:

**Please notify Bereavement Services of any changes to these details**

On completing this form, please return it to:

HEREFORDSHIRE COUNCIL  
Bereavement Services  
Crematorium Office  
Westfaling Street  
HEREFORD  
HR4 0JE

Tel: 01432 383200

Herefordshire Council will comply with all legislative requirements concerning the use of personal information. It will respect the rights of those persons about whom it holds information. Where those rights are in conflict with the rights of others, it will ensure that a proper balance is struck between the competing rights according to the law.

For Office Use	Cremation No:	Lease Dates:
EBS 018/16	Invoice No:      Receipt No:	Location:
21/11/2016	Date Ordered:	Fix Sheet No:
Credit/Debit payment:	Order No:	Removal Sheet No:
Cash payment:	Additional Lease Years:	Fix Letter Sent:
A/C to Funeral Director:	Cheque No:	Scanned: