## Heref ordshire.gov.uk

## APPLICATION FOR A GRANITE PLAQUE ON THE GRANITE MEMORIAL BOOK IN THE GARDEN OF REFLECTION

This is an interactive PDF form which you can electronically type into the fields or print to fill out manually.

To be completed by the Applicant and returned to Bereavement Services, Crematorium Office, Westfaling Street, Hereford HR4 0JE Tel: 01432 383200.

The Granite Memorial Book is a large free standing memorial situated in The Garden of Reflection.

Granite plaques, 4" wide x 3" deep with a gilded inscription, are placed for an initial 10-year period although the lease is available for renewal at any time. Spaces can be reserved for future use if required (subject to the payment of the lease).

Granite plagues are ordered on an individual basis and take approximately 6 – 8 weeks.

The lease will commence on the day the plaque has been fitted.

Cremated remains are scattered on the surrounding lawn areas.

Floral tributes are permitted in the vase on this memorial only.

NO MORE than ONE LETTER or NUMBER must be written in each box DO NOT FORGET TO INCLUDE SPACES IN YOUR INSCRIPTION. A space counts as a letter or number.

We will centre the text on the tablet; this guide box is only to aid your choice of inscription.

The inscription **MUST** be clearly written in block capitals.

1										
2										
3										
4										
5										

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

Plaques nee	d be re-m	ade to ado	d a further	inscription	on. F	Please tick where appropriate.					
This application	on is for a re	placement	plaque	Plaque i	numb	er, if known:					
I wish to retain	n the origina	l plaque	I will coll	lect	Pleas	se post (P&P applies)					
Herefordshire	Council ma	y recycle th	e original pl	aque							
Please be adv	vised that ves bevond	we will endo	eavour to r that preve	emove the	plaq m doi	ue intact. However, there may be ing so.					
I enclose a pay	ment of £			(Cheques payable to Herefordshire Council) (Cash and Card payments are also accepted)							
I confirm the period. The creplacement negligence of	inscription obligations of any pla f the Coun	is correct a of the Co que unless cil, its empl	and that the uncil unde the need to oyees, cor	e memoria r this leas for such re ntractors o	al placese do epair, r othe	que will be placed for an initial 10-year not extend to the repair, renewal or renewal or replacement is due to the er persons under the Council's control.					
No floral tributes are permitted in the Garden of Reflection, only in the vase on this memorial.											
Date Signature											
PLEASE PRINT YOUR NAME, ADDRESS AND OTHER DETAILS BELOW:											
Please print:	Mr Mrs	Miss	Ms								
Address											
Postcode											
Tel. No:				E-Mail Add	lress:						
Please notify	Please notify Bereavement Services of any changes to these details										
On completing this form, please return it to:											
HEREFORDS Bereavement Crematorium ( Westfaling Str HEREFORD HR4 0JE	Services Office		Email: berea	vement@he	ereford	lshire.gov.uk Tel: 01432 383200					
your application. The accordance with out of public funds administrations.	ne legal basis for Ir Record Reten Ininistered which In law, includin	Controller under or processing th tion Schedule. V may include th g the right to red	data protection is data is our le Vhere necessar e prevention or quest their infor	law and will ungal obligations by we may share detection of fra mation. You als	se the information for properties for properties for the following section for the following sec	information you provide on this form in order to process viding bereavement services. We will keep your data in ersonal data with partner organisations for the protection a auditing purposes. Individuals have a number of rights a right to make a complaint about our handling of your					
For Office Use		Cremation No	o:			Lease Dates:					
EBS 018/16		Invoice No:	Rece	ipt No:		Location:					
25/09/2019		Date Ordered	d:			Fix Sheet No:					
Credit/Debit payn	nent:	Order No:				Removal Sheet No:					
Cash payment:		Additional Le	ase Years:			Fix Letter Sent:					
A/C to Funeral Di	rector:	Cheque No:				Scanned:					