## Heref ordshire.gov.uk

## APPLICATION FOR A GRANITE PLAQUE ON A 4 FT GRANITE BENCH MEMORIAL 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.

A Granite Memorial Bench with the opportunity to place one granite plaque, 7" wide x 5" deep with a gilded inscription in the centre recess.

Granite plaques are placed for an initial 10-year period although the lease is available for renewal at any time. Bench plaque lease spaces can be reserved for future use if required (subject to the payment of the lease).

Granite plaques 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.

No floral tributes are permitted around this memorial in the Garden of Reflection.

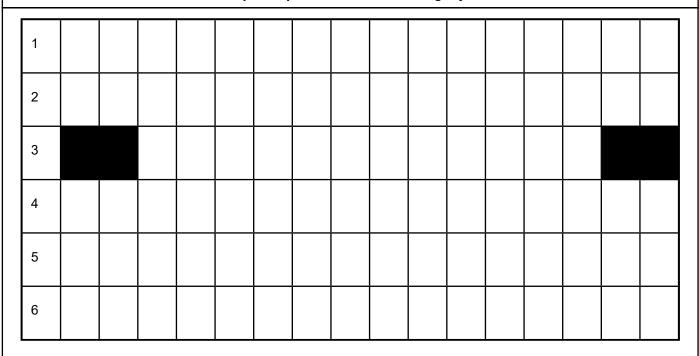
NO MORE than ONE LETTER or NUMBER must be written in each box DO NOT FORGET TO INCLUDE SPACES IN YOUR INSCRIPTION. A space counts as a letter or number.

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.

If you would like a motif, please give details of the motif required, including colouring and please contact Bereavement Services for the additional cost of this motif

If a motif is required, please do not use the lightly shaded area



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

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 v				collect	Tele	ephone No:
Herefordshire Council may recycle the original			al plaque	Plea	ase post (P&P applies)	
Please be advised that we will endeavour to remove the plaque intact. However, there may be circumstances beyond our control that prevent us from doing so.						
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.  No floral tributes are permitted around this memorial in the Garden of Reflection.						
Date Signature						
Applicant name	e and address	s (please pri	nt)			
Please print:	Mr Mrs	Miss	Ms			
Address						
Postcode						
Tel. No:				E-Mail Ad	dress:	
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 Email: bereavement@herefordshire.gov.uk Tel: 01432 383200						
your application. T accordance with or of public funds adr	he legal basis fo ur Record Reten ninistered which ion law, including	r processing thi tion Schedule. may include th g the right to red	is data is our Where neces e prevention quest their in	legal obligations ssary we may sha or detection of fra formation. You als	for providi re this per ud and au	ormation you provide on this form in order to process ing bereavement services. We will keep your data in rsonal data with partner organisations for the protection uditing purposes. Individuals have a number of rights right to make a complaint about our handling of your
For Office Use		Cremation No:				Lease Dates:
EBS 018/16		Invoice No: Receipt No:				Location:
25/09/2019		Date Ordere	ed:			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: