Herefòrdshire.gov.uk

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APPLICATION FOR A BRONZE PLAQUE ON A TREE MEMORIAL								
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.								
(Pleas	(Please tick where appropriate) **Plaque & Plaque Vase Only							
Memo	rial Tree (please telephone to discuss location and variety available)							
(NAME OF TREE VARIETY CHOSEN AND TREE REF NO.)								
(Reque	ests to inter cremated remains beneath memorial trees and behind memorial	plaques will b	be declined)					
New 6" x 4" bronze memorial plaques are placed for an initial 10-year period. The lease is available for renewal at any time.								
Bronze	plaques are ordered at the end of each month and take approximately 4 – 6 week	S.						
The lea	ase will commence on the day the plaque has been sited.							
	Plaque inscription guidance – Permitted number of 19 letters / figures / s	paces per lin	е.					
If you require a bronze motif within your inscription, please note that the inscription will have to be reduced and there is a charge for this motif.								
	If you require a bronze motif, please state design request here	:						
Please note that designs are subject to availability								
**	TO ORDER A GRANITE VASE – PLEASE COMPLETE A SEPARATE FORM – A	LSO SEE PRI	CE LIST					
1								
2								
3								
4								
5								
6								
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 will collect Please post (P&P applies)								

Herefordshire Council may recycle the original plaque

I enclose a payment of	£
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(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

HEREFORD HR4 0JE 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 notif	y Ber	eavem	ent Ser	rvices of	any changes to	these details	
On completing	g this f	orm, ple	ease reti	urn it to:			
HEREFORDS Bereavement Crematorium Westfaling Str	Servic Office		CIL				

Email: bereavement@herefordshire.gov.uk

Tel: 01432 383200

Herefordshire Council is the Data Controller under data protection law and will use the information you provide on this form in order to process your application. The legal basis for processing this data is our legal obligations for providing bereavement services. We will keep your data in accordance with our Record Retention Schedule. Where necessary we may share this personal data with partner organisations for the protection of public funds administered which may include the prevention or detection of fraud and auditing purposes. Individuals have a number of rights under data protection law, including the right to request their information. You also have a right to make a complaint about our handling of your personal data to the Information Commissioner's Office https://ico.org.uk/

For Office Use	Cremation No:	Lease Dates:		
EBS 018/16	Invoice No: Receipt No:	Location:		
25/09/2019	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:		