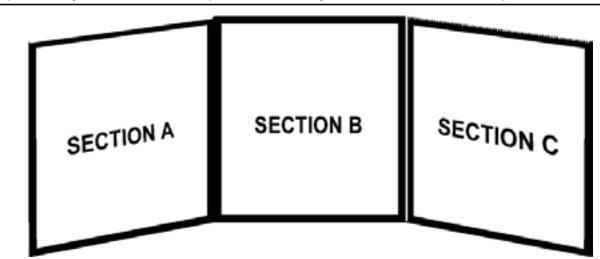
Heref ordshire.gov.uk

APPLICATION FOR A TRIPTYCH 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.

A Triptych Memorial is a tri-fold memorial folder having three panels made in high quality book cloth or smooth leather. These may carry a digitally reproduced photograph, and inscription and / or poem. Alternatively one of the panels may contain a memento pocket, which may be used to retain small keepsakes.



Section A		Section B		Section C	
Photograph		Photograph		Photograph	
Inscription		Inscription		Inscription	
Blank/other		Blank/other		Blank/other	
<u>Material</u>			Colour		
Smooth Leather	Faux Suede		Green	Red	Navy

Please specify date of entry in the Triptych Memorial

Christian name will be inscribed first, unless otherwise indicated - max 32 characters per line including spaces.

Names on line 1* only. Names and Surname	1	
2nd line inscription = 2 line entry only	2	
3rd line onwards are additional entry lines	3	
	4	
	5	
	6	
	7	
	8	

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

Number of Triptych Memo	rials requested:					
Motif, if required (tick) (s	see price list)					
Please give details of the moincluding colouring	otif required					
For inclusion of a photograph or additional inscription - contact Bereavement Services						
To be collected		To be posted				
I enclose a payment of £		(Cheques payable to Herefordshire Council) (Cash and Card payments are also accepted)				
I confirm the inscription	on is correct					
Date	Signature					
Applicant name and addre	ess (please print)					
Please print: Mr Mrs	s Miss Ms					
Address						
Postcode						
Tel. No:	E-	Mail Address:				
Please notify Bereave	ment Services of any	changes to these details				
On completing this form,	please return it to:					
HEREFORDSHIRE COU Bereavement Services Crematorium Office Westfaling Street HEREFORD		ant@hanafandahira manuda Tala 04400 200000				
HR4 0JE		ent@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:	Triptych received:				
EBS 018/16	Invoice No: Receipt I	No: Date posted to Applicant:				
25/09/2019	Date Ordered:	Date collected by Applicant:				
Credit/Debit payment:	Order No:	Scanned:				
Cash payment:	Cheque No:					
A/C to Funeral Director:						