

GRANITE WALL TABLET APPLICATION

PLEASE COMPLETE THE DETAILS BELOW AND COMPLETE THE GRID OVERLEAF

Name of Memorial owner: _____

Full Address _____

Postcode. _____

Daytime Telephone Number: _____ (inc. area code)

Email address _____

I understand that all flowers and potted plants are to be placed in the cloisters behind the crematorium waiting room. To help us keep the gardens safe and maintained to a high standard, plants, ornaments, artificial flowers, bulbs, wind-chimes, windmills or other non-approved items will be removed and stored for collection. Any flowers or other items left at a memorial is at the owners' risk.

Signature of applicant: _____ Date of application _____

Payment can be made by cheque (payable to Peterborough City Council), Cash or Debit/Credit Card.



The personal information that you provide on this form will be handled by Peterborough City Council in accordance with the Data Protection Act 1998. We do not pass on your details to any third party without your knowledge unless the Council is legally obliged to do so.

Plaque Location

Date ordered

Date order confirmed

Date received/placed

Date applicant informed

C/no _____

GRANITE WALL TABLET APPLICATION

Please write clearly in BLOCK CAPITALS leaving spaces between names or initials

Name of Deceased: _____

Please see overleaf.

FOR OFFICE USE ONLY

Dear Supplier

Please can I order

1 x Granite Wall Tablet (SA Grey Granite/Gilded) PROOF

Deceased Name: _____

Date _____

FOR OFFICE USE ONLY

Dear Supplier

Please can I order

1 x Granite Wall Tablet (SA Grey Granite/Gilded)

£ _____

Purchase order number _____

Deceased Name _____

Date _____



Bereavement Services
Peterborough Crematorium
Mowbray Road
North Bretton
Peterborough
PE6 7JE
Telephone (01733) 262639

c/no _____

RENEWABLE LEASE AGREEMENT FOR A GRANITE WALL TABLET

Please complete in BLOCK CAPITALS

WE, the Peterborough City Council, in the County of Cambridgeshire (the grantor) in consideration of the sum of _____ (lease element)

paid to us by _____ Full name of applicant (the grantee)

of _____

_____ Address

Postcode _____ email: _____

Telephone number: _____ (Inc. area code)

DO HEREBY GRANT UNTO the said grantee his/her heirs and assigns the right to place a plaque in wall location _____ at Peterborough Crematorium for a period of time not exceeding **5/10/20* years** from the date hereof.

*please delete

This right may be renewed on expiry of the lease by payment of the appropriate fee ruling at the date at which time the same terms and conditions shall apply.

If at the end of the lease period the lease is not renewed, in the absence of any other instructions, after a period of two months from the renewal date, the plaque will be removed from the wall.

The plaque will be retained for six months for collection by the grantee. If not collected within that period it will be destroyed.

The above right may be rescinded at any time during the lease period on the written instructions of the grantee who shall arrange collection of the plaque.

It is the responsibility of the grantee to ensure that the rights are renewed. Although the grantor will endeavour to contact the grantee before expiry of the right no responsibility can be accepted for action taken in the absence of renewal of the right or alternative instructions from the grantee.

The plaque and all inscription work on the plaque shall be ordered through the grantor who will arrange for the work to be completed by an approved contractor.

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Any items in breach of this agreement will be removed immediately and can be collected from the Bereavement Services Office up to 30 days after their removal.

I the grantee have read, understood and agree to all the information within this lease and confirm this by signing below.

Signed _____ for grantee

Date _____

Signed _____ for grantor

Date _____

You will be given a copy of this agreement for your records. Please keep it in a safe place and advise your next of kin/solicitor/executor of its existence.

To enable us to advise you of any renewal or essential works required it is important that you keep the Bereavement Services Office informed of any change of address.

In the event of the death of the grantee please contact the Bereavement Services Office.