

**REPLACEMENT GRANITE MEMORIAL VASE 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 \_\_\_\_\_

What is your instruction for the existing plaque?

- Owner to collect from office by appointment
- Nominated person to collect from office by appointment
- Crematorium staff to dispose

**Please note that due to the nature of the fixing, the original plaque may become damaged during removal. If the plaque is not collected within six months it will be disposed of.**

In accordance with the memorial regulations, please limit your tributes to flowers that fit within the confines of your memorial and do not encroach on other memorials. Dead flowers will be removed on a regular basis by crematorium staff. 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 \_\_\_\_\_

**Replacement Granite Memorial Vase Tablet**

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

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
LINE 1																				
LINE 2																				
LINE 3																				
LINE 4																				
LINE 5																				
LINE 6																				

4" X 3" Photo Plaque Required? YES / NO\*

\* **Please Delete**

Name of Deceased: \_\_\_\_\_

Please see overleaf.

FOR OFFICE USE ONLY

Dear Supplier

Please can I order

1 x Granite Memorial Vase Tablet PROOF

4" X 3" Photo Plaque Required? YES / NO\*

Deceased Name: \_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE ONLY

Dear Supplier

Please can I order

1 x Granite Memorial Vase Tablet

4" X 3" Photo Plaque Required? YES / NO\*

£ \_\_\_\_\_

Purchase order number \_\_\_\_\_

Deceased Name \_\_\_\_\_

Date \_\_\_\_\_