

REPLACEMENT 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 _____

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: if the plaque is not collected within six months it will be disposed of.

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 _____

REPLACEMENT 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 _____