

REPLACEMENT SANCTUM PLAQUE 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.

NEW PLAQUE REQUIREMENTS

Granite Colour: BLACK / SOUTH AFRICAN GREY / BLUE PEARL / SERA GREY / RUBY RED

PHOTO PLAQUE (7" X 5") REQUIRED : YES / NO

ADDITIONAL ORNAMENTATION: YES / NO (please discuss options with a member of staff)

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.

c/no _____

Sanctum 2000 Replacement Plaque Application

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	21	22	23	24	25
LINE 1																									
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LINE 7																									
LINE 8																									
LINE 9																									
LINE10																									
LINE11																									

Name of Deceased: _____

Please see overleaf.

FOR OFFICE USE ONLY

Dear Supplier

Please can I order

1 x SANCTUM TABLET **PROOF**

Deceased Name: _____

Date _____

FOR OFFICE USE ONLY

Dear Supplier

Please can I order

1 x SANCTUM TABLET

Plaque Colour required _____

Photo-plaque required YES / NO*

*Please delete

Ornamentation requirements _____

£ _____

Purchase order number _____

Deceased Name _____

Date _____

Plaque Location
Date ordered
Date order confirmed
Date received/placed