### **Wealden Crematorium**

Horam Road, Horam, East Sussex TN21 0FX 01323 443400 crematorium@wealden.gov.uk



# **Gold Leaf Order Form**

# Inscription for Gold Leaf – 1st side

Name (maximum 32 characters including letters, digits, spaces and characters)			
Date of birth			
Date of death			
Date format as it will app	ear on the leaf: e.g.	12 <sup>th</sup> July 1038	
nscription on 2 <sup>nd</sup> side	YES	NO L	
Inscription (maximum 40 c	haracters including let	ers, digits, spaces and punctuation)	
Position of fitting stem	LEFT	RIGHT	
Applicant details (these of Name (in full)	letails will be used fo	r the invoice)	
Address			
		Postcode	
Email		Telephone	
For Office Use Only			
Crem no	Custome	Customer no (FPM)	
Total invoiced	Invoice r	Invoice number	
Invoice date	Notes	Notes	

### **Wealden Crematorium**

Horam Road, Horam, East Sussex TN21 0FX 01323 443400 crematorium@wealden.gov.uk



Name of deceased	Cremation date

**IMPORTANT:** By signing this form you are agreeing to our memorial terms and conditions. The term of this memorial lease is for an initial period of 10 years.

Signature	Date

Please email the completed form to <a href="mailto:crematorium@wealden.gov.uk">crematorium@wealden.gov.uk</a> or send by post to Wealden Crematorium, Horam Road, Horam, East Sussex TN21 0FX

### For Office Use Only

Crem no	Customer no (FPM)
Total invoiced	Invoice number
Invoice date	Notes