

## Platinum Jubilee Tree Leaf Order Form

### Inscription for Leaf

**Name** (maximum 30 characters)

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### Applicant details (these details will be used for the invoice)

**Name (in full)**

<b>Address</b>
<b>Postcode</b>

**Email**

**Telephone**

**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 either 2 or 5 years.

**Signature**

**Date**

Please email the completed form to [crematorium@wealden.gov.uk](mailto:crematorium@wealden.gov.uk) 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