

Memory Tree Leaf Order Form

Inscription for Leaf

Name (maximum 30 characters)

Leaf colour (please indicate bronze, silver or gold):

Lease term (2 or 5 years):

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

Name (in full)

Address

Postcode

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 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