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

Full name:



9 x 9 Wall Plaque Application Form

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

Address:	
	Postcode:
Email:	Telephone:
	·
Name of deceased:	Cremation date:
IMPORTANT: By signing this form you are conditions. The term of this memorial lease	-
Signature:	Date:
Was the deceased cremated at Wealde Crematorium?	YES / NO
Inscription for plaque	
A maximum of 80 characters is included in etter. Please write your inscription below <u>explaque</u> – eg Initial capitals, upper and lowe	xactly as you want it to appear on the

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n order to ensure that an inscription will fit on to t	the granite tablet, please note the
ollowing information:	-

- The name appears in a large typeface therefore only 18 letters are allowed.
- The inscription on the tablet will be evenly spaced and centred.

Choice of fonts

English Times Arial CG Triumvirate Bold CG Century Schoolbook

Font choice:	
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Image/photo/motif

If you would like to include a bespoke image or photo on the plaque please send this image with your application form. We can let you know the cost of this. If you would like to include an image from our library please include a brief description of this image below:

Image description:		

For Office Use Only

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