OFFICE USE ONL	<u>.Y</u>			
Crem Cert No:		Niche No:	 Res Niche No:	



BOROUGH OF PENDLE APPLICATION FOR PLAQUE ON MEMORIAL WALL

Cemetery:		
Name of Applicant:		
Address:	•••••	
Post Code: Teleph	none No:	
Name of Deceased:		
Copy of Inscription Required – Please see Re	verse	
NB: Please check that all spellings names and d very costly.	lates are correc	ct – mistakes can be
Has this Niche previously been reserved	Yes/No	Number:
Do you wish to reserve a second Niche:	Yes/No	
Is a Service Required:	Yes/No	
Urn Required:	Yes/No	
Name of Undertaker where applicable:		

THE COMPLETED FORM TOGETHER WITH THE CREMATION CERTIFICATE AND FEE SHOULD BE RETURNED TO THE:

Bereavement Services Officer

Parks and Recreation Services Fleet Street Depot

Flact Officer Depo

Fleet Street

Nelson Lancs BB9 7YQ Tel: 01282 661593 / 661586

CHEQUES TO BE MADE PAYABLE TO "PENDLE BOROUGH COUNCIL"

OFFICE USE ONLY

Marked on Plan:
Marked in Register:
App Fxd to MM:
Amt Paid:
Chq / Cash:
Receipt No:
Copy Plq to Cust:
Signed Plq to MM:
Order Placed MM:
Order Number:
Date for Fixing:

CREMATION WALL PLAQUES

Maximum number of Lines 8
Maximum number of Capitals per line 10
Maximum number of Small Letters per line 16

PLAQUE INSCRIPTION ORDER FORM

Please place inscription in the boxes below for each line -1 Number or Letter per box:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1																
2																
3																
4																
5																
6																
7																
8																

NB: Please check that all spellings names and dates are correct – mistakes can be very costly.