

APPLICATION FOR BABY MEMORIAL PLAQUE



Application

I hereby apply to Ipswich Borough Council for a memorial plaque to be placed on Section R in the Old Cemetery. (Please check with the Cemetery for availability as space is limited).

Conditions

The position of the plaque cannot be changed from that originally agreed, which is determined by the plans held at the Cemeteries Office.

The Council or their nominated agent must undertake all administration and other work in connection with the plaque and memorial pillar.

Any floral tributes or items of memorabilia place in the vicinity of the memorial may be removed by periodically by Grounds Maintenance Staff and are left at families own risk.

Inscription Requirements

Inscriptions are subject to the following limitations. Please see sample.

Example:

				B	A	B	Y				
FIRST NAME											
SURNAME											
MONTH/YEAR											
GRAVE REF (Optional)											



Motifs (please indicate which motif you require).

Agreement

I have read and understand the conditions above and my acceptance of these conditions is given by the signing of this application.

Signed: _____ Date: _____

Name: _____ (Mr/Mrs/Miss/Ms)

Address: _____

Postcode: _____

Telephone Number: _____

OFFICE USE ONLY

Position _____ Cremation/Burial No. _____ Date Ordered _____ Date Received _____

Placed in position _____ Computer record completed _____ Applicant notified _____

Payment received: Debit/Card Card _____ Telephone payment _____ Auth Code _____