

Millennium Rose Garden Walk of Remembrance



Application for Memorial Brick within the Rose Garden Walk of Remembrance

Inscription requirements

Inscriptions have the following limitations:

Lines one and two, a maximum of 11 spaces for first name and surname
For names longer than 11 spaces please contact the Cemetery Office
Line three is for relevant dates. Please see sample.

Example:

FIRST NAME
SURNAME
YEAR - YEAR

Agreement

Floral tributes or items of memorabilia regrettably cannot be placed anywhere within the vicinity of the memorial brick.

Signed: _____ Date: _____
Name: _____ (Mr/Mrs/Miss/Ms)
Address _____
Postcode _____
Telephone Number _____

Payment options

Payment for your new memorial can be made in the following ways:-

Debit/Credit Card payment: Ring 01473 433580, please have your debit/credit card to hand. Alternatively, visit the Bereavement Services Office in person and pay at our reception.

Ipswich Borough Council is a controller of personal data under the General Data Protection Regulations. We will only use your personal information for the purpose it was provided.
For further information on how we process your personal data please visit our website at www.ipswich.gov.uk/services/data-protection-act

OFFICE USE ONLY			Payment received:	
Brick ref: _____	Applicant notified: _____	Cremation No: _____	Debit/credit card	<input type="checkbox"/>
Date ordered: _____		Placed in position: _____	Telephone payment	<input type="checkbox"/>
		Computer record completed: _____	Authorisation code	_____