# Millennium Rose Garden Walk of Remembrance

IPSWICH
BOROUGH COUNCIL

## 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**

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### 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.

**Cheque:** Send a cheque by post or visit the Bereavement Services Office in person. Cheques are made payable to Ipswich Borough Council.

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

Brick ref: _____ Applicant notified: _____ Cremation No: _____

Date ordered: _____ Placed in position: _____

Computer record completed: _____

Payment received:

Debit/credit card ☐

Telephone payment ☐

Authorisation code _____