

MILLENNIUM ROSE GARDEN WALK OF REMEMBRANCE

Application

I hereby apply to Ipswich Borough Council to have a memorial brick placed within the Rose Garden Walk of Remembrance. No floral tributes or items of memorabilia to be placed within the vicinity of the brick.

Inscription requirements

Inscriptions are subject to the following limitations. Lines one and two, a maximum of 11 spaces for the first name and surname. For longer or more complicated names please contact the Cemetery Office. Line three is for the year of birth and death. Please see sample.

Example

FIRST NAME
SURNAME
YEAR - YEAR

Agreement

Floral tributes or items of memorabilia can not be placed anywhere within the vicinity of the memorial brick.

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

OFFICE USE ONLY		
Brick ref _____	Agreement no _____	Cremation no _____
Date ordered _____	Date received _____	Placed in position _____
	Applicant notified _____	Computer record completed _____
Payment received: debit/credit card <input type="checkbox"/>	telephone payment <input type="checkbox"/>	_____
authorisation code _____		

PAYMENT OPTIONS

You may pay for your new memorial or renew an existing memorial in one of the following ways:-

Debit/Credit Card payment

By telephoning this office on 01473 433580. Tell us that you wish to make a telephone payment and have your debit/credit card with you. Alternatively, visit the Bereavement Services Office in person with your debit/credit card and pay at our reception. *(Credit card payments may attract an additional fee).*

Cheque

By sending a cheque in the post or visit us in person at the Bereavement Services Office. Cheques are made payable to Ipswich Borough Council.