

SOUTH-WEST MIDDLESEX CREMATORIUM BOARD

APPLICATION FOR CHILDREN'S GARDEN MEMORIAL SEAT

Terms and conditions shown on reverse

I N L O V I N G M E M O R Y O F
Name <input type="text"/>
Year (birth or death) <input type="text"/>
Epitaph (maximum 25 characters - including spaces) <input type="text"/>

Details of person making this application (BLOCK LETTERS PLEASE):

Full Name Title

Address

.....
Contact telephone number (in case of queries)

Email Address.....

Signed Date

a) Memorial Seat (lease for 5 years) **£165**

Cheques payable to SOUTH WEST MIDDLESEX CREMATORIUM BOARD

For office use: Receipt:	Date:
Plaque ordered:	Location:
Date fixed (Expiry 5 years end of month):	CR CBID

