

# SOUTH-WEST MIDDLESEX CREMATORIUM BOARD

## APPLICATION FOR CHILDREN'S GARDEN MEMORIAL STAR

*Terms and conditions shown on reverse*

Name
Year (birth or death )

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 Star (lease for 5 years) **£120** .....

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