

Application form for the purchase of a **Memorial – Boulder** at **Weymouth Crematorium**

Bereavement Services, Crematorium, Office, Quibo Lane, Weymouth, Dorset, DT4 ORR
Tel: **01305 786984** Email: **crem@dorsetcouncil.gov.uk** **weymouth-crematorium.co.uk**

Reg No.

Ag No.

Name of deceased

Date of death

Inscription (Please tick one box): 4 lines 6 lines 8 lines **Vase required** YES NO

Name maximum of 17 letters including spaces per line eg: **John George Smith** is the maximum.

Remaining inscription maximum of 21 letters including spaces per line



IMPORTANT: You are advised not to place any personalised pots/vases, artificial flowers, ornaments etc at any memorial or anywhere within the Garden of Remembrance as they are not permitted and as such, will be removed.

Applicant Details

Full name of applicant (Mr/Mrs/Miss/Ms)

Telephone no. (Daytime)

Address

Email

Signature (no signature needed if you are filling this form in on a computer and sending it back via email)

Date

Postcode

If you need further information or any assistance in completing this form, please do not hesitate to contact the Bereavement Services Office on **01305 786984** where a member of staff will be happy to help.

For office use only:

The Lease:

Amount	<input type="text"/>	Receipt No	<input type="text"/>	Date	<input type="text"/>
Order No	<input type="text"/>	Order date	<input type="text"/>	Fixed	<input type="text"/>
Location No	<input type="text"/>	Start date	<input type="text"/>	Expiry date	<input type="text"/>
Renewal Sent	<input type="text"/>	Renewed/ Terminated	<input type="text"/>	Boulder removed	<input type="text"/>