

Application form for the purchase of a **Sanctum** 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 details

Colour of front required: Black Blue Red

Please write your inscription in the box below. Please note that the **first 80 letters are free of charge**. For prices of further emblems or adding photographs, please enquire at the crematorium office.

Sanctum	£
Lettering	£
Photograph	£
Emblem	£
Total	£



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)

Address

Postcode

Telephone no. (Daytime)

Email

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

Date

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/Expired	<input type="text"/>	Plaque removed	<input type="text"/>