	on form for mouth Cr e	-		Stone '	Wall Tablet	Reg No
Bereavement Services, Crematorium Office, Quibo, Lane, Weymouth, Dorset, DT4 ORR Fel: 01305 786984 Email: crem@dorsetcouncil.gov.uk weymouth-crematorium.co.uk						Ag No
Name of dec	ceased				Date of death	
Plaque de	etails – Your stor	ne memorial plaq	ue will be fi	xed to the me	morial wall at Weymout	h Crematorium.
Plaque inscr	iption. <i>Please do I</i>	not exceeed 66 le	etters/numb	ers.		
	ADODTANT W					
at					s/vases, artificial flowers, as they are not permitted	
Applicant				Tolonhono	ao (Daytimo)	
Full name of	f applicant (Mr/M	rs/Miss/Ms)		Тетерпопет	no. (Daytime)	
Address				Email		
					o signature needed if you omputer and sending it ba	
Postcode						
				Date		
If you ne	eed further info	rmation or ar	 າy assista	ance in con	npleting this form,	please do
					e on 01305 78	6984
where a	member of sta	aff will be hap	py to hel	p.		
For office use only:	The Lease:					
	Amount		Receip	t No	Date	
	Order No		Order [Date	Fixed	

