

CAMBRIDGE CITY COUNCILS - MEMORIAL GARDEN SEAT

Date

Applicants Name

Address

.....
I enclose a cheque / postal order for £..... in respect of the fees for the dedication of a seat.

Cheques should be made payable to Cambridge City Council.

FOR OFFICE USE ONLY

Date rec

Plan No'

Crem No'

Receipt No'

CAMBRIDGE CIY COUNCILS - MEMORIAL GARDEN SEAT

Deceased's Surname

Forenames

Date of Birth Date of Death

I agree to the conditions regarding the Memorial Garden Seat and wish to dedicate a seat and nameplate bearing an inscription as a, b or c * in memory of the above name deceased.

.....

(Applicants Signature)

*Delete whichever not applicable