

## Cambridge City Council Bereavement Services Memorial Applications

Applicant's Name .....

Address.....

.....

.....Tel. No. ....

I agree to the conditions regarding the Memorial and wish to dedicate a plaque as option A)\* or option C)\* below in memory of the above named deceased. I enclose a cheque payable to Cambridge City Council for ,..... in respect of the fees for the dedication of the memorial.

I wish to have a ..... (colour) rose\*

\*Delete as applicable

Applicants signature.....

Date.....

Crem. No. ....

Receipt no. ....

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
A)	I	N		L	O	V	I	N	G		M	E	M	O	R	Y		O	F	
Line 1																				
Line 2																				
Line 3																				
Line 4																				
Line 5																				
C)	B	E	L	O	V	E	D		&		R	E	M	E	M	B	E	R	E	D

1. Please write the inscription as you would expect to read it on the plaque i.e. do not break words by continuing onto another line or write anything outside the box.

2. Use block capitals as we are unable to accept responsibility for an incorrect inscription due to illegible writing.

3. Only one letter or number must be written in each box.

4. Include a space between each word in your inscription.

5. The text will be centred on the plaque; this guide box is only to aid your choice of inscription.