

# Black Granite Buxton Seat Plaque Application

Applicant's Name.....

Applicant's Address.....

Telephone.....Signed.....

Email.....

*A proof of the memorial will be sent to this email address*

Which Option is required? (please tick)

Plaque with text only

Plaque with text and design. Please use this space to tell us which design you require\*

*\*If you wish to discuss this in more detail please contact a member of the Bereavement Services Team*

**Before writing your inscription in the boxes below, please read the following information:**

- If you require a design, do not write in the grey boxes
- The name should be confined to lines 1 and 2. If a third line is required then for a name then line 6 may not be used.
- On the inscription:
  - Please note that a space counts as a character
  - Please write the inscription clearly in BLOCK capitals (we are unable to accept responsibility for any incorrect inscription due to illegible or ambiguous writing).
- A quotation will need to be obtained from the stone mason before any application can be confirmed. Please be aware that there may be a short delay once your application has been submitted.
- Please note the layout of the inscription is at our discretion.

L1																		
L2																		
L3																		
L4																		
L5																		
L6																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

I am enclosing my remittance value £ .....  
 (A receipt will not be issued when payment is made by cheque unless requested)

Cheques should be made payable to Somerset West and Taunton Council and forwarded together with this form to:-

BEREAVEMENT SERVICES  
 TAUNTON CREMATORIUM  
 WELLINGTON NEW ROAD  
 TAUNTON TA1 5NE

TO MAKE A CARD PAYMENT PLEASE TELEPHONE  
 (01823) 284811

For office use only: Section.....Area..... Number.....

