

# Black Granite Plaque with Rose Bush Application

Applicant's Name.....

Applicant's Address.....

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

Email.....

*A proof of the memorial will be emailed to this 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

Colour of rose bush

**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 uses a larger typeface than the remainder of the inscription therefore a maximum of two lines should be used for names. If a third line is required for a name then line 6 may not be used.
- If you do not require a design, the name may be a maximum of 15 characters in total, including spaces.
- A space counts as a character
- The inscription **MUST** be clearly written in block capitals. ***We are unable to accept responsibility for any incorrect inscription due to illegible or ambiguous writing.***
- A quotation may need to be obtained from the supplier 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.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
L1																					
L2																					
L3																					
L4																					
L5																					
L6																					

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