

Cast Bronze Wall Plaque Application

Applicant's Name.....

Applicant's Address.....

.....

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

Email Address.....

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

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

- On the inscription:
 - Please note that a space counts as a character
 - The inscription may contain up to 160 characters maximum
 - Please write the inscription clearly in BLOCK capitals (we are unable to accept responsibility for any incorrect inscription due to illegible or ambiguous writing).
- Please note the layout of the inscription is at our discretion.

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:-

THE ADMINISTRATION TEAM
TAUNTON CREMATORIUM
WELLINGTON NEW ROAD
TAUNTON TA1 5NE

TO MAKE A CARD PAYMENT PLEASE TELEPHONE
(01823) 284811

For office use only: Wall..... Number.....