



## RYECROFT OR BLOXWICH PLAQUE APPLICATION

OFFICE USE ONLY	
Cremation No.:	
Receipt No.:	
Memorial No.:	
Date of completion:	
Letter to applicant:	

<b>Applicant's details:</b>			
Full name:			
Home address:			
		Postcode:	
Email address:		Phone No:	

<b>Will the deceased's cremated remains be placed beneath the Plaque? (please circle)</b>	
YES	NO

<b>Do you wish to be present when the cremated remains are placed beneath the Plaque? (please circle)</b>	
YES (an appointment can be made once the memorial is ready)	NO

<b>Fee details:</b>	
New memorial fee:	
Reservation fee:	
Additional inscription fee:	
Refurbishment fee:	
Replacement fee:	
<b>TOTAL:</b>	

<b>Please indicate how you will pay:</b>	
<input type="checkbox"/>	I enclose a cheque / postal order payable to Walsall MBC for the total amount shown above
<input type="checkbox"/>	I wish to pay by debit / credit card

I understand and accept that I:

- will be charged for rectifying any of the errors if the inscription details on this application are incorrect.
- must notify Walsall Council Bereavement and Registration Services of any change of address.
- agree to adhere to the Council Rules and Regulations in relation to Cemeteries and Crematoria. A full copy of which can be found at [www.walsall.gov.uk](http://www.walsall.gov.uk).

I understand and accept that the council:

- will contact me to take payment over the phone if I indicate I wish to pay by debit / credit card.
- will take all reasonable care to comply with the instructions given on this application form.
- is unable to accept responsibility for an incorrect inscription due to spelling errors.
- reserves the right to refuse or to vary any inscription that, in its absolute discretion, considers to be unsuitable.

By signing this document I authorise Bereavement Services to share any information on this form with third parties for the purpose of making the memorial plaque.

<b>Signature:</b>		<b>Date:</b>	
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Walsall Council will only ever create, use, store and or share your data in accordance with the data protection regulations and conditions for processing as set out in our privacy statement(s) which are available online via <http://go.walsall.gov.uk/privacy> statement. Should there be a requirement to share your information for any other purposes outside of our public functions, tasks and statutory requirements, Walsall Council will always ensure consent is appropriate wherever necessary.



## RYECROFT OR BLOXWICH PLAQUE APPLICATION

<b>Deceased's details:</b>	
Full name:	
Date of death:	

<b>Please indicate what you are applying for:</b>			
	A new Plaque, and have it inscribed as shown below		
	A new Plaque, reserved for future use		
	An existing Plaque to be: (please tick)	Plaque No.:	
	inscribed as shown below		
	refurbished / renovated		
	replaced and inscribed as shown below		

<b>Please indicate which cemetery the plaque is to be displayed in: (please circle)</b>	
BLOXWICH CEMETERY FIELD ROAD, BLOXWICH	RYECROFT CEMETERY COALPOOL LANE, RYECROFT

Please note: If cremated remains are to be placed beneath the Plaque they must be contained within a plastic polytainer. Walsall Council can provide this type of container if necessary.

<b>Inscription:</b>	
Please use BLOCK CAPITALS and remember that each line is restricted to 12 letters.	
An inscription may be of 3 lines or 6 lines	
Line 1 must only contain the deceased's name (surname then forenames).	
1.	
2.	
3.	
4.	
5.	
6.	

If you need any assistance please e-mail us at [BereavementServices@walsall.gov.uk](mailto:BereavementServices@walsall.gov.uk) or call the office on 0300 555 2848.