

**HASTINGS CREMATORIUM**

The Ridge, Hastings, East Sussex TN34 2AE

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## APPLICATION FOR A MEMORIAL PLAQUE IN THE REMEMBRANCE ROOM

|                   |                    |               |
|-------------------|--------------------|---------------|
| Red Leather Panel | Blue Leather Panel | Classic Panel |
|-------------------|--------------------|---------------|

|                    |    |     |      |       |
|--------------------|----|-----|------|-------|
| Title of Applicant | Mr | Mrs | Miss | Other |
|--------------------|----|-----|------|-------|

|                            |       |
|----------------------------|-------|
| Name (in full)             |       |
| Address                    |       |
| Postcode                   |       |
| Tel                        | Email |
| Name of deceased (in full) |       |

I hereby request Hastings Borough Council to grant the right to display a memorial plaque for an initial period of 10 years in memory of the above:

Inscription (up to a total of 50 letters or figures):

|  |
|--|
|  |
|  |
|  |
|  |

I enclose a fee of £                                  (cheques made payable to Hastings Borough Council)

I would like a phone call on the above number to make a payment over the phone

A list of fees and charges can be found at <https://www.hastings.gov.uk/Cemetery-crematorium/fees-charges/> if you would like to confirm the cost please contact us.

I understand that I may only purchase the right to display a memorial plaque for 10 years in a designated memorial space which may be a re-allocated space. The acceptance by the council of this application does not confer any property rights or privileges. All rights to a memorial space will cease at the end of 10 years unless the appropriate renewal fee is paid. The manager reserves the right to vary or refuse an unsuitable inscription.

I agree to abide by the rules and regulations of the Cemetery and Crematorium as approved by Hastings Borough Council.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

By signing your name electronically on this application form, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

For office use only

|         |          |
|---------|----------|
| Crem no | Fee      |
| Receipt | Location |
| Plan    | Date     |