HASTINGS CREMATORIUM
The Ridge, Hastings, East Sussex TN34 2AE
Telephone: 01424 451057
Email: cemandcrem@hastings.gov.uk

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

Email Form

The form must be saved to your device to use this button.