

APPLICATION FOR A MEMORIAL BRONZE WALL PLAQUE

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

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