



MEMORIAL BENCH PLAQUE or WALL PLAQUE & POSY Application Form

PLEASE TICK THE APPROPRIATE BOX FOR THE TYPE OF MEMORIAL

MEMORIAL BENCH PLAQUE AT WOODLANDS CREMATORIUM for 10 years

MEMORIAL WALL PLAQUE AND POSY AT WOODLANDS CREMATORIUM for 10 years

ORDER FORM FOR BRONZE BENCH PLAQUE or WALL PLAQUE & POSY

PLEASE KEEP YOUR INSCRIPTION TO APPROXIMATELY 65 LETTERS AND FIGURES

PLEASE USE BLOCK LETTERS - Maximum 6 lines

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.....

Name of Applicant (Mr / Mrs / Miss / Ms)

Address:

.....Postcode:

Tel. No: E-mail address:

Please include your remittance with this form; cheques should be made payable to:

**“SCARBOROUGH BOROUGH COUNCIL”
and sent with this form to: Woodlands Crematorium Office, Woodlands Drive,
Scarborough, YO12 6QN**

You will receive a receipt and confirmation of the wording of the inscription.

Scarborough Borough Council reserve the right to vary or alter any inscription as may be found necessary
or to refuse one which is considered unsuitable.

DATA PROTECTION STATEMENT

All information given on this application form will be used only in matters regarding this memorial and for no other purpose.

Wall Plaque No.

Bench Plaque No. /

Receipt No.

Cremation or Burial No.

Date