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Application for Memorial Plaque onto Niche Wall or Memorial Tree Form

Application Number: _____

Deceased Details					
Full Name:				Gender:	
Address:					
Date of Birth:		Age:		Date of Death:	
Occupation:			Place of Death:		
Cremation/Death Certificate Reference:				Cremation Date:	

Placement Details		
Niche Location/Memorial Tree:		
Niche/Memorial Tree Number:		
Single/ Double:		Would you like to attend the placement of memorial: Yes/No

Applicant Details				
Name:			Contact Details:	
Address:				
Email:				
Signature:			Date:	

I hereby certify that I am the applicant for the interment and have the authority to act on behalf of the deceased.

OFFICE USE ONLY

Date Application Received:		Certificate of Cremation <input type="checkbox"/>	Death Certificate <input type="checkbox"/>
Memorial Placement date:		Plan updated:	
Fees Applicable:		Invoice/Receipt #:	