Application for Memorial Plaque

Name of Deceased:	Office use only Date received
LEASE PERIOD: 10 years 20 years	Receipt No:
Please tick if this is a Replacement Plaque	Cremation No:
Please choose one of the grids below, and leave one space between each word.	Agreement No:
I require motif No. (Please see the motif designs overleaf)	
I require a photograph (<i>Please enclose</i>) The photograph/motif will be situated on the left-hand side of the plaque.	Court, panel, row & column
The photograph, motification be steated on the left hand side of the plaque.	
	Total £ 000 : 00
Four line inscription with or without a photograph or motif:	
2	
3	
4	
4	
Six line inscription with or without a photograph or motif:	
2	
4	
5	
6	
Applicant's name and address	Signature of applicant
Name	
Address	
Postcode	
Tel No:	Date 12.0
	DD/MM/20YY

Cheques/postal orders to be made payable to **Royal Borough of Greenwich**. Credit/debit card payments only accepted in person or by telephone following receipt of application form.

Eltham Crematorium, Crown Woods Way, London SE9 2AZ

Telephone: 020 8850 7046 Fax: 020 8859 6991 Email: eltham.crematorium@royalgreenwich.gov.uk



Please make your choice of design from the selection below for the Memorial Plaque

