



ST PETER'S CHURCH MEMORIAL GARDENS APPLICATION FORM

DATE OF APPLICATION

APPLICANT DETAILS

Full name of Applicant (Plot-holder):.....

If you are not the person for whom the plot is, what is the expected name on the plaque

.....

Your relationship with the plot-holder

Address:.....

Email:.....

Mobile phone:.....

Signature..... Date.....

NEXT OF KIN

Next-of-kin Contact Name.....

(for example: daughter/son/sibling; next-of-kin; Executor; Power of Attorney)

Relationship

Contact address

Email phone

SECOND CONTACT

Second contact Name.....

(preferably next generation contact if not already given above)

Relationship

Contact address

Email..... Phone.....

According to the Terms and Conditions as of 24 August 2024 I acknowledge the Terms and Conditions and the required payment of fees and that the cost of the plaque is an additional expense required prior to the interment of ashes.

Signature..... Date.....

I acknowledge should any of the above details change, I must notify the Parish Office as soon as possible.

Signature..... Date.....

Plot location details (office use).....