

Wall of Remembrance Plaque Application Form

Bereavement Services, Cemeteries Team, Worthing Crematorium, Horsham Road, Findon, West Sussex, BN14 0RG

E-mail: crematorium@worthing.gov.uk **Telephone:** 01903 872678

I, the applicant and undersigned confirm that I have read and understood Worthing Crematorium's terms and conditions before I made my decision. I have indicated my requirements in the table overleaf and completed the inscription grid on page 3.

Applicar	nt details
Full Name:	
Address:	
Email:	
D.	
Phone:	Mobile:
Adur & Worthing councils are the data controllers for in relation to burials and interments within Adur and personal data is used are available at www.worthingo	•
Signed:	Date://
Decease	ed details
Full Name:	
Data of deaths / /	
Date of death://	

Description	Price	Total
Black granite plaque with inscription of gold lettering and optional motif if space permits. Proof design provided.	£295	
Ceramic photo (in additional to cost of granite plaque)	£330	
5 year lease on Wall of Remembrance	£315	
10 year lease on Wall of Remembrance	£495	
20 year lease on Wall of Remembrance	£695	
30 year lease on Wall of Remembrance	£915	
Additional secondary inscription with removal, fixing and carriage costs.	£240	
Regild and clean with removal, fixing and carriage costs.	£220	
Prices shown are valid until 31st December	2024	£
I have enclosed a cheque or cash for the required fee		
Please contact me for payment by card		

The price includes a plaque made of black granite which will be engraved in gold lettering with your personal inscription. You can also have an emblem or motif engraved alongside your inscription. Please complete the inscription grid over the page using BLOCK CAPITALS.

If you need any assistance please e-mail us at crematorium@worthing.gov.uk or call the office on 01903 872678. We can accept payment by credit or debit card, cash and cheques. Cheques should be made payable to Worthing Borough Council.

WALL OF REMEMBRANCE INSCRIPTION GRID

Please complete using BLOCK CAPITALS.

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artwork if you require	2																												R	M	l i
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Crematorium Only
Registration Number:
Receipt Number:
Date Received://
Memorial recorded for CMA?
Officer: