



Forget Me Not Garden Memorial Plaque Application Form

HORSHAM ROAD, FINDON, WEST SUSSEX, BN14 0RG
E-mail: crematorium@worthing.gov.uk
T: 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, completed the inscription grid and enclose the required fee.

Applicant details

Full Name:

Address:

Email:

Phone:

Mobile:

Deceased details

Full Name:

Date of death: __/__/____

I am willing and give permission for Worthing Borough Council to hold my details on file, in accordance with the Data Protection Act 2018, so that they may contact me if any changes are to take place in the hall of remembrance. Full details about how your personal data is used are available at www.worthingcrem.co.uk/privacy-notice

Yes
 No

Signed:

Date: __/__/____

The price includes a plaque made of black granite which will be engraved with your personal inscription in golden text. You can also have an emblem or motif engraved alongside your inscription.

Term	Price	Quantity	Cost
20 year lease (including initial fixing)	£200		
Prices shown are valid until 31st December 2022		Total:	

Please complete the inscription grid over the page using BLOCK CAPITALS. Don't forget to indicate your preferred lettering style.

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.

FORGET ME NOT GARDEN MEMORIAL INSCRIPTION GRID

Forget Me Not Garden memorial plaque inscription grid – please complete using BLOCK CAPITALS

The font used is Arial, please indicate if you want the row in standard Arial or *Italics Arial*

Please give a description of the artwork and colour if required.	1																						A /	
	2																							A /
	3																							A /
	4																							A /
	5																							A /
	6																							A /
	7																							A /
	8																							A /

Crematorium Only
Registration Number:
Receipt Number:
Date Received: __/__/----
Memorial recorded for CMA?
Officer: