Application for Memorial Plaque

Eltham Crematorium Joint Committee

Name of Deceased:	Office use only Date received
LEASE PERIOD: 10 years 20 years	Receipt No:
Please tick if this is a Replacement Plaque	
Please choose one of the grids below. Leave one space between each word.	Cremation No:
I require motif No. (Please see the motif designs overleaf)	
I require a photograph (Please enclose)	Agreement No:
The photograph/motif will be situated on the left-hand side of the plaque.	Court, panel, row &
Please note your plaque will be cast using exactly what has been	column
submitted in the grid below. Please double check your spelling, dates and punctuation, as mistakes cannot be rectified.	Total £ 000:00
Four line inscription with or without a photograph or motif:	
2	
3	
4	
Six line inscription with or without a photograph or motif:	
2	
3	
4	
5	
6	
Applicant's name and address	Signature of applicant
Name	
Address	
Postcode	
Tel No:	Date
Cheques/postal orders to be made payable to Boyal Boyand & Co.	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 8921 6700

Email: eltham.crematorium@royalgreenwich.gov.uk



Motif Designs for Memorial Plaque

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

