

DANESCOURT CEMETERY

Sanctum Order Form

Black Granite Tablet with Silver Lettering including a silver coloured flower vase and a standard oak casket

Full Name: (Please print)

Address

Postcode:

Tel.No.

Mobile:

Signature:

Date:

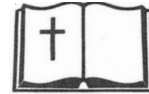
I agree to the guidelines and terms

If you wish to witness please enclose a witness fee.

To Witness Not to Witness

Please indicate which Font is required.

- In Loving Memory (D1)**
 In Loving Memory (D2)
 In Loving Memory (D3)
 In Loving Memory (D4)



Book

Ceramic
Photograph



Daffodil



Rose



Rose & Cross

Payment (Please see enclosed price list for details)

Other: description of motif or supply example

I enclose payment of £ _____

Cheques should be made payable to City of Wolverhampton Council.

Please complete the guidebox overleaf with your required inscription.

Please note you will be notified when the memorial has been placed.

Bereavement Services,
 Civic Centre, St Peter's Square,
 Wolverhampton WV1 1SD
 Telephone: (01902) 554992 Fax: (01902) 554987

FOR OFFICE USE ONLY
Sanctum Vault No.
Cremation No.
Receipt No.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
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FIXINGS

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Guidelines for inscription:

1. The name will be in a larger typeface and can go on line 1 & 2.
2. Please note only one character per square and leave a space between each word.
3. This memorial is purchased on a lease basis for a 10 year period, the terms & conditions will be sent to you.
4. Please indicate if a motif or a ceramic photograph is required on order form.
5. You may either fully inscribe the plaque or leave room for a second inscription