

Crematorium memorial

# Granite Vase Block and Tablet



**Lambeth**

Our polished granite vase block and tablet scheme provides the perfect setting for family and friends to place flowers in remembrance of their loved ones.

This vase block is provided with an inscribed polished granite tablet upon which if required, an emblem or photo plaque can also be fixed.



# Granite Vase Block and Tablet

## Guidelines for filling in inscription.

The inscription required is to be written clearly in block capitals on the table below. Please write only one letter in each box, leaving an empty box between each word. Please be as precise as possible as mistakes cannot be rectified after production. All inscriptions will be centred, this guide box is only to aid your choice of inscription.

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



Do you require an Illustration or Photograph Plaque? **YES/NO** No./Type: \_\_\_\_\_

(NB: An additional charge will be made if an illustration or photo plaque is required. For the photo plaque, you will need to supply a photograph with this application)

Do you wish to select the position of the Vase Block Tablet? **YES/NO**

(NB: Should you wish to select a certain position for your Vase Block, we will contact you when the order has arrived to arrange a suitable appointment for the selection.)

Please read the following terms and conditions before signing the declaration below.

1. Upon payment of the necessary fee, the item will be dedicated for ten years from date of payment.
2. The dedication may at the Councils discretion be renewed at the end of the period subject to the regulations then in force.
3. Should the dedication period expire, the council reserve the right to remove the memorial from the crematorium complex.
4. The council reserve the right to remove any unauthorised items.

I have enclosed £ \_\_\_\_\_ remittance for the item to be dedicated for a period of \_\_\_\_\_ years. I agree to the terms and conditions set out above.

Full Name (print): MR / MISS / MRS / MS \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Cremation Number/s: \_\_\_\_\_

Council Officer: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

No. / position of memorial: \_\_\_\_\_

Date ordered: \_\_\_\_\_

Date received: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ day

Appointment Time: \_\_\_\_\_

am / pm

Completed by: \_\_\_\_\_