Right to Affix a Memorial Plaque - Woodland Grave



emaii: cemeteries@nrdc.gov.uk Please sign and post to:		For office use only		
Cemeteries Office, Town Hall, Avenue Road,Ly	mington. SO41 9ZG	Receipt number Fees p	oaid	
Telephone 02380 285952		Date receipt		
Cheques to be made payable to New Forest Dist	rict Council	Requisition number /Order number		
Cemetery		Insulation date		
		Plaque received and gi	ven to Supervisor	
		Entered on Database		
New Forest District Council cannot accept liability for	or damage caused to ar	ny memorial at any time).	
ALL BOXES TO BE COMPLETED IN BLOCK CAPITA	ALS. PART COMPLETE	D FORM WILL BE RETU	RNED	
All plaques to be purchased through a	nd affixed by New	Forest District Co	ouncil	
Grave of				
Date of death (i.e. 01.01.1900)				
Date of burial (i.e. 12.12.2016)				
Grant number				
Grave number				
All plaques to be purchased through and affixed l	by New Forest District (Council		
Name of deceased Date of birth (i.e. 01.01.1900)				
Date of death (i.e. 12.12.2016)				
Grave Number				
I/we the undersigned, being the Grant Holder for W	oodland Grave numbe	r	in	Cemetery
do hereby authorise New Forest District Council to a	affix a memorial plaque	as detailed above.		_
I/we acknowledge and understand that with the ex removed from the Woodland Section without prior	-	er container (see Reguia	ations for size) all other memo	orabilia Will be
I/We understand and agree to comply	with NFDC Regula	ations		
Name (in block capitals)	lame (in block capitals))	Name (in block capitals)	
Signed Signed			Signed	
Address	Address		Address	
Date C	Date		Date	

This MUST be signed by all the Holders of the Right of Burial.

A copy of this Right of Burial MUST be attached to the Application form (or if lost or mislaid a Statutory Declaration and Indemnity Disclaimer must be provided)