

"ALWAYS REMEMBERED" GRAVE TENDING APPLICATION FORM

Please complete this form clearly in block capitals.

Orders for placement on graves

Name of deceased _____

Date of death _____

Section Number _____

Grave Number _____

Options Required for Grave Tending:

Lawn Type Graves Option 1 Option 2

Traditional Graves Option 3 Option 4

Please tick one box for floral tribute choice:

Round Floral Arrangement

Christmas Wreath

Please tick which floral card you have chosen for your message

A

B

C

D

or similar

Applicant details

Name and address of Applicant _____

Contact Telephone No and Email Address _____

(Where photograph is required): _____

Date of Anniversary _____

Orders for placement on graves

Please use the boxes below to complete the message details you would like written on your card. Spaces between words must also be shown. Please note that the message must be limited to 60 characters. Thank You.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Photograph required (please tick) Yes No

If so by Post or Email (please tick) Post email

Amount Paid

Receipt Number