



Farnham
Town Council

Please return to:

Town Council Offices
South Street, Farnham
Surrey GU9 7RN

Tel: (01252) 712667
Fax: (01252) 718309
www.farnham.co.uk
(Calls may be recorded
for the purposes of
monitoring and training)

GARDEN OF REFLECTION AT WEST STREET CEMETERY, FARNHAM

Permit Application for a Plaque in the Memorial Book

Name of Applicant: (in full)

Address:

.....Postcode.....

Telephone number: E. mail.....

Are there any ashes to be scattered in the Garden of Reflection? yes/no (delete). Over time these will be dispersed throughout the garden.

INSCRIPTION FOR THE PLAQUE:

The plaque size is 10 x 7.5cms.

The plaque must have no more than 19 characters and spaces per line on a maximum of 4 lines

Please write your inscription in the boxes and write your wording as you wish the inscription to be i.e. upper or lower case. No more than one letter or number per box. **Do** include spaces. The lettering style has been pre-determined with the Council's stonemason and he will centre the text on the tablet. All fonts will be 5mm except for the name at 7mm.

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

The Council cannot accept responsibility for any incorrect inscription due to mis-spellings or ambiguous writing.

I hereby make application for permission to:

Scatter ashes in The Garden of Reflection, Apply for a Memorial Plaque for Memorial Book, Both.

Please circle

Fee of £..... is enclosed herewith (all cheques to be made payable to "Farnham Town Council")
A fee of £192; residents fee, (non- resident £384) includes scattering of ashes and an inscribed plaque.
A fee of £26 is for scattering of ashes only. Please contact us if you wish to pay by bank transfer.

I confirm that the above entry is correct

Signed (applicant):

Date:

ALL INSCRIPTION WORK IS TO BE CARRIED OUT BY FARNHAM TOWN COUNCIL'S DESIGNATED STONEMASON
(This form maybe updated periodically, June 2020)