

Almond Lane



Cemetery



Memorial Wall Application Form

Please supply a plaque and container for the Memorial Wall in the Rose Garden at the Almond Lane Cemetery.

Full Name of Deceased: .....(BLOCK CAPITALS)

Date of Birth: ..... Date of Death: ..... Plot No: .....

Name and address of person requesting a position on the Memorial Wall

Mr / Mrs / Miss / Ms.....

.....Postcode: .....Telephone No:.....

Email:.....Date: .....

- 1. Change of Address – please contact the Cemetery Office if you have moved
2. The fee for this plaque and container for a period of 5 years is £57.00
3. Payment can be made in the following ways:
• Card Payment
Please phone 01438 367109 to make a card payment over the phone.
• By Bank Transfer
Account Name: Stevenage Borough Council
Bank: HSBC Bank plc
Account number: 11549200
Sort Code: 40 43 36

Return to: Stevenage Borough Council, Cavendish Road, Stevenage, SG1 2ET
Tel No. 01438 367109 Email: cemeteries@stevenage.gov.uk

Our Privacy Policy has been updated to reflect changes to data protection legislation and can be viewed at the following link http://www.stevenage.gov.uk/privacy-policy

For Office Use Only

Plot No: ..... Container No: .....

Fee: ..... Date:..... Receipt No:.....