

Breakspear Crematorium Breakspear Road, Ruislip Middlesex, HA4 7SJ

Tel: 01895 556560 Fax: 01895 624209 e-mail: bcrematorium@hillingdon.gov.uk



Application For Memorial

Full Name of Applicant (Mr/Mrs/Miss/Ms)
E-mail Address (If Applicable)
Address
PostcodeTelephone Number
Name of Deceased Mushroom Memorial – Black Granite Disc

The inscription is all the same size. Due to the tablet being circular fewer characters will fit on the first two lines and the last two lines. **We suggest using line three and four for the name**. Your inscription will be centred and the fixing hole is located at the top of the tablet.

No floral tributes, planting or placing of any items of any type is allowed at any memorial within the grounds, except in the designated areas, which are The Flower Hall, Cloister Flower Wells and individual Garden Niches or Vases.

LINE 1									
LINE 2									
LINE 3									
LINE 4									
LINE 5									

It is understood that unless renewed, this memorial shall cease at the end of the leased period. I have read and accept the terms and conditions overleaf.

Applicant Signature...... Date......

CHEQUES SHOULD BE MADE PAYABLE TO THE LONDON BOROUGH OF HILLINGDON

OFFICE USE ONLY

Crematic	on No:	Ree	ceipt No:	•••••	Completed	:	•••••
Allocated:		Location:		Section: .		No:	