



## Craven Bereavement Services

The Chapel Office  
Skipton Crematorium  
Carleton Road  
Skipton

North Yorkshire BD23 3BT

[Bereavementservices.cra@northyorks.gov.uk](mailto:Bereavementservices.cra@northyorks.gov.uk)

[www.northyorks.gov.uk](http://www.northyorks.gov.uk)

# DALES COLUMN APPLICATION FORM

<b>PLAQUE LOCATION:</b>	
-------------------------	--

## INSCRIPTION

Please complete your required inscription in the boxes provided below. Each box represents one letter of the inscription (include a blank box for each space). All inscriptions will be centred, unless you state otherwise.

The council reserves the right to refuse or alter any inscription considered unsuitable.

## SILVER LETTERING

*Please allow up to 6 weeks for completion*

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

## Lease of plaque is for 20 years.

The memorial plaque is the property of the purchaser who may collect the plaque after the expiry period, OR when the plaque has been adjusted to accommodate a second inscription.

## Details of person to be registered as the owner:

<b>Full Name:</b>			
<b>Address:</b>			
		<b>Post Code:</b>	
<b>Email Address:</b>		<b>Telephone No:</b>	

### Grounds Maintenance

The grounds maintenance staff are contracted and cannot accept complaints or advise you about our services.

In order to keep the grounds neat and tidy, to aid grounds maintenance and for Health and Safety concerns, the area surrounding these memorials should be left clear of glass containers, plastic surrounds and any such articles. The Cemetery staff will remove any articles that are deemed unsuitable. For any further advice please do not hesitate to contact the office.

### Insurance

Although the risk of damage to your plaque is low, it is recommended that you take out an insurance policy to cover any eventualities such as theft of, or damage to your memorial, as the Council are not responsible for your memorial.

Signed Applicant:	Date:
-------------------	-------

Please make cheques payable to “**NORTH YORKSHIRE COUNCIL**”

<b>OFFICE USE</b>	
Lease of Memorial	£
Additional Inscription	£
Reserve Plaque	£
<b>TOTAL DUE:</b>	<b>£</b>
Date Paid:	Receipt Number:
BACAS ID Number:	Date Entered on BACAS:
Plan updated:	
Additional Information:	

Date ordered with Memorial Mason:	
Order Number:	
Date Plaque Received:	
Date arranged for plaque placement:	