



**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)

**SEASONAL GARDEN VASE APPLICATION**

SCATTERING REFERENCE: .....

PLAQUE REFERENCE: .....

Do family wish to be present whilst scattering ashes? **Yes / No**  
 Do family wish to be present whilst placing the vase? **Yes / No**

**The vase is to be placed in Waltonwrays Cemetery Seasonal Gardens of Remembrance for a 15 year lease period.**

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	19

**The plaque is made of cast bronze, finished in black and measures 6” x 4”  
 A vase insert is provided for flowers**

The Council reserve the rights to refuse or alter any inscription considered unsuitable.

Please complete your required inscription in the boxes provided, where each box represents one letter of the inscription (include a blank box for each space). When creating a plaque, all inscriptions will be centred. The line containing the name will accommodate up to 17 CHARACTERS ONLY, as this lettering is slightly larger than the rest of the inscription characters.

**PLEASE SEE OVER – SIGNATURE REQUIRED**

At the end of the lease period, the applicant will be sent a renewal reminder and can renew the agreement for a further period if required. The plaque will be recycled if the agreement is not renewed and not collected within 12 months following the lease expiry date.

*Please inform us immediately if you change your contact details.*

**Particulars of person making the application**

FULL NAME			
ADDRESS			
TEL		E-MAIL	

Although the risk of damage to your memorial 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.

**In order to keep the grounds neat and tidy, to aid grounds maintenance and for Health and Safety concerns, the area surrounding the memorial should be kept clear of glass containers, plastic surrounds/edging, ornaments including windmills and wind chimes and any other such articles.**

**The Cemetery staff will remove any articles that are deemed unsuitable.**

***I have read and understood the above statement and agreed to adhere to these regulations:***

Signature:		Date:	
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**CHEQUES TO BE MADE PAYABLE TO “NORTH YORKSHIRE COUNCIL”**

<b>OFFICE USE</b>	
Purchase of Vase:	£
Scattering of Ashes – if applicable <i>Separate “Request to Scatter Ashes Notice” Needed</i>	£
<b>TOTAL DUE:</b>	<b>£</b>
Date Paid:	Receipt Number:
BACAS ID Number:	Date Entered on BACAS:
Location of Ashes:	
Additional Information:	

Date ordered with Memorial Mason:	
Order Number:	
Date Plaque Received:	
Date arranged for plaque placement / Scattering of Ashes:	