



Craven Bereavement Services

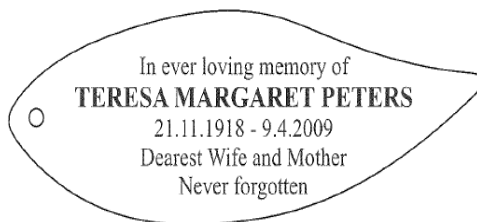
The Chapel Office
Skipton Crematorium
Carleton Road
Skipton
North Yorkshire BD23 3BT
Bereavementservices.cra@northyorks.gov.uk
www.northyorks.gov.uk

THE TREE OF LIFE APPLICATION FORM

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

Full Name:			
Address:			
	Post Code:		
Email Address:	Telephone No:		
Signature:	Date:		

THIS MEMORIAL WILL BE PLACED ON THE TREE OF LIFE FOR A 15 YEAR LEASE PERIOD, it will then be removed for the family to collect. If not collected within one year of removal, it will be disposed of.



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.

Please complete your required inscription in the boxes below. Each box represents one letter of inscription (you must include a blank box for each space). All inscriptions will be centred when inscribed.

The second line containing the name will accommodate up to **30 characters only** and will be in **BOLD UPPER CASE LETTERS**, as this lettering will be slightly larger than the rest of the inscription

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

Leaf Location:	Branch:	Position:
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Please allow up to 6 weeks for completion

Line 1																																	
Name Line																																	
Line 3																																	
Line 4																																	
Line 5																																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33

Would you like to reserve the leaf next to this one for a future inscription	Yes / No
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Please make cheques payable to: “**NORTH YORKSHIRE COUNCIL**”

OFFICE USE		
Total Due: £	Date Payment Rec'd:	Receipt Number:
BACAS ID Number:	Date Entered on BACAS:	Location No:
Additional Information:		Reserved Leaf Location No:
		Plan updated:
Date ordered with Memorial Mason:	Order Number:	
Date Leaf Placed on Tree:	Applicant Notified:	Yes / No