

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 WALTON GALLERY 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 WALTON GALLERY 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 first line containing the name will accommodate up to **30 characters only** and will be SLIGHTLY LARGER than the rest of the characters.

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

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Name Line																																	
Line 2																																	
Line 3																																	
Line 4																																	
	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

Please allow up to 6 weeks for completion

Would you like to reserve the "Slatz" next to this of	ne for a future inscription	Yes / No
Would you like to reserve the Slatz hext to this t		162/110

Please make cheques payable to: "NORTH YORKSHIRE COUNCIL"

OFFICE USE		
Total Due: £	Date Payment Recd:	Receipt Number:
BACAS ID Number:	Date Entered on BACAS:	Location No:
Additional Information:		Reserved Slatz Location No:
		Plan updated:
Date ordered with Memorial Mason:	Order Number:	
Date Slatz placed on Gallery:	Applicant Notified:	Yes / No