

**Almond Lane Cemetery**

**Memorial Wall Application Form**

Please supply a plaque and container for the Memorial Wall in the Rose Garden at the Almond Lane Cemetery.

Full Name of Deceased: (BLOCK CAPITALS)

Date of Birth: Date of Death: Plot No:

Name and address of person requesting a position on the Memorial Wall

Mr / Mrs / Miss / Ms

…………………………………………………..Postcode: ……………….Telephone No:

Email:…………………………………………….Date:

1. Change of Address – please contact the Cemetery Office if you have moved

2. The fee for this plaque and container for a period of 5 years is £55.00

3. Payment can be made in the following ways:

* **Card Payment**

Please phone 01438 367109 to make a card payment over the phone.

* **By Cheque**

Please make your cheque payable to Stevenage Borough Council and forward with the form to: Stevenage Borough Council, Cavendish Road, Stevenage, SG1 2ET

* **By Bank Transfer**

Account Name: Stevenage Borough Council

Bank: HSBC Bank plc
Account number: 11549200

Sort Code: 40 43 36

Return to: Stevenage Borough Council, Cavendish Road, Stevenage, SG1 2ET

Tel No. 01438 367109 Email: cemeteries@stevenage.gov.uk

**Our Privacy Policy has been updated to reflect changes to data protection legislation and can be viewed at the following link** [**http://www.stevenage.gov.uk/privacy-policy**](http://www.stevenage.gov.uk/privacy-policy)

**For Office Use Only**

Plot No: Container No:

Fee: Date: Receipt No: