Weston Road Cemetery

Memorial Wall Application Form

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

Full Name of Deceased: .....(BLOCK CAPITALS)

Date of Birth:..... Date of Death:..... Plot No: .....

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

Mr / Mrs / Miss / Ms.....

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

Email:..... …… Date: .....

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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

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For Office Use Only

Plot No:..... Container No:.....

Fee: ..... Date:..... Receipt No:.....