Please select your payment method:

Debit or credit card



Cheque (only accepted for postal applications, made payable to 'North Tyneside Council')

Once complete, return this form by post to: Preston Cemetery Office, Preston Cemetery, Walton Avenue, North Shields, NE29 9NJ; or email it to bereavement@northtyneside.gov.uk

If paying by debit/credit card, we will contact you by telephone to take payment. Cash payments are only accepted when paying in person at the Preston Cemetery office. Do not send cash in the post.

Please note: The plaque will be in place for 10 years. Once removed it will be available for the applicant to collect on arrangement from Preston Cemetery office. If not collected within a year of being removed, it will be disposed of.

Whitley Bay Cemetery

Memorial Wall Plaque Application Form



PLEASE SUPPLY AND FIX A WALL PLAQUE IN WHITLEY BAY CEMETERY MEMORIAL GARDEN

Please write legibly in **BLOCK CAPITALS** and ensure you check all dates etc, as mistakes cannot be rectified afterwards.

Wall Plaque applications:

There is no provision for plaque owners to place a vase or token in the memorial garden or at the base or top of the wall. Flowers may be placed in the vases provided within the garden or in the courtyard of the Book of Remembrance Room. **Please note:** The Wall Plaque will be sited on the Memorial Wall and not in the Garden of Remembrance.

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- All rights in this matter shall cease at the end of 10 years from the date of affixing unless an application is made for a new plaque and the appropriate fee is paid before expiration of the said period.
- The council reserves the right to vary any inscription as may be found necessary or to refuse an inscription that is considered unsuitable.
- Please note any vases/tokens etc which are left in the garden will be removed. We will hold them for 30 days and if not collected they will be disposed of.
- Plaques take approximately EIGHT WEEKS from date of order to fixing. You will be informed when the plaque is in place.

NAME OF APPLICANT: ADDRESS: POSTCODE: TEL NO: SIGNATURE:

FOR OFFICE USE

CREM	PLAN	RECEIPT
NO:	NO:	NO:
ORDER	ORDER	DATE
DATE:	NO:	AFFIXED:

Please note that larger text versions are available on request.