

Bereavements

We know that close relatives and friends derive comfort when they are allowed to commemorate their loved ones with a tangible memorial. Some people feel that a particular type of memorial would be appropriate and we therefore offer a choice of memorials.

This online form allows you to request, renew, replace or have an additional memorial plaque.

Online payment

This service requires an online payment. **Once you have completed this form:** you can upload it and make your debit/credit card payment by using the same link on our Website that you used when you downloaded it.

You need a valid debit or credit card

- A 1.2% transaction charge will be added to credit card payments
- The payment will vary according to the service you request
- Your application will not be processed until payment has been received
- The online payment facility is not available from 7:45 pm to 8:15 pm, Monday to Saturday.

Data protection

Your information will be processed in accordance with Data Protection legal requirements. Please see the [Council's Privacy Statement and Charter](#)

Applicant details:

Title	
First name	
Last name	
Contact telephone number	
E-mail address	
Address & postcode	

Please complete the relevant section below.

Memorial Roses

Type of memorial rose*

<input type="checkbox"/>	Standard rose
<input type="checkbox"/>	Bush rose

Plaques will be placed beside a memorial rose for 5 years, the agreement may be renewed and a reminder will be sent at the appropriate time. Additional plaques will be valid for the remainder of the time on the first plaque.

New request

Deceased's name:	
Date of death (DD/MM/YYYY):	
Deceased's age:	

Renewal details

If the memorial that you wish to renew is in memory of more than one person, you will only need to enter the details of one person.

I wish to renew the plaque placed beside the memorial rose (for another 5 years) for:	
Who died on (DD/MM/YYYY):	
Renewal reference number:	

Additional plaque

I wish to have an additional plaque on the same memorial rose as:	
Who died on (DD/MM/YYYY):	

Additional details

Deceased's name :	
Date of death (DD/MM/YYYY):	
Deceased's age:	

* Please put an x in the relevant box

Review

Before you submit:

- Review your completed request
- Print or save this review copy for your own records