

APPLICATION FOR**Double Leather Memorial Panel**Remembrance date: _____ **PLEASE SUPPLY MEMORIAL PANEL INSCRIBED AS FOLLOWS:****FIRST TWO LINES-NAME ONLY****Maximum of 18 letters per name**

1	name
2	name
3	
4	
5	
6	

Lines 3,4,5 & 6 maximum of 30 characters per line **NOT** including number of spaces between words. The Council reserve the right to refuse or amend any wording they think necessary.

Name of Applicant
(Mr/Mrs/Miss/ Ms)

Address

Post Code

Telephone

Date

Signature

ENCLOSED Cheque/PO/for: £
made payable to: **Newcastle City Council**

Please send your application together with remittance to:

Bereavement Services Office, Civic Centre,
Barras Bridge, Newcastle upon Tyne NE1 8PB

Telephone: 0191 211 6941/42

OFFICE USE ONLY

Receipt No.	Panel No.
Panel Ordered	Frame No.
Panel Erected	Relatives Notified