APPLICATION FOR THE INSTALLATION OF A PLAQUE ONTO A MEMORIAL BENCH

Date of application					
Applicant details:					
Full name and title					
Address					
Email address					
Telephone number					
Name of individual(s) be remembered on the plaque					
Preferred location of memorial bench					
Please notify us of any need to. Inscription for plaque:	chan	ge of nar	me or addr	ess so v	we can contact you if we
•	publi	c office (i	f approprio	ate) and	nory of the name of the d the dates of birth and paces).
☐ I enclose my chec	que p	ayment (of £220.00		
(Payable to Biddu	lph T	own Cou	ncil)		or
☐ I have made a BAG (Unity Account Nu	•	•			ulph Town Council 33 01)

Data Protection Act:

Expiry of Memorial:

Please confirm your consent below. You can grant consent to any or all of the purposes listed. You can find out more about how we use your data from our 'Privacy Notice' which is available from our website www.biddulph.co.uk or from Biddulph Town Hall.

You can withdraw or change your consent at any time by contacting the Town Council.

	We may contact you to keep you informed about what is going on in the Town Council's area or other local authority areas including news, events, meetings, clubs, groups and activities. These communications may also sometimes appear on our website, or in printed or electronic form (including social media).
	We may contact you about groups and activities you may be interested in participating in.
	We may use your name and photo in our newsletters, bulletins or on our website, or our social media accounts (for example our Facebook page or X (previously known as Twitter) account).
decla	ly for consent to introduce this memorial into the Burial Ground and are that all the statements to be inscribed on the memorial (for example es and dates) are accurate.
l am	the next of kin of the individual(s) named on the plaque.
Signe	ed: Date:
Print	·
For C	Office Use only
Appli	ication (including correct fee) Received:
Mem	norial Ordered:
Mem	norial Installed: