

# Wakatipu Baby Memorial Lower Shotover Cemetery

APPLICATION FORM



## Applicant Details

Name:

Phone:

Email:

Address:

## Plaque Request

Please refer to example for further details

Size Selection: (please tick)  W 160 mm x H 90 mm  W 180 mm x H 110 mm

Wording Content:

## Picture

I would like a picture of a:

Selected colour (primary colours only):

Approximate placement on plaque (e.g. 'bottom left', 'top right'):

Please note that although we'll do our best to accommodate all requests, we will inform you if your requested picture is unavailable.

Special Instructions:

Please send completed application form to [wakatipu.babymemorial@outlook.co.nz](mailto:wakatipu.babymemorial@outlook.co.nz)

## Office Use Only

Application number:

Plaque location on the Memorial Wall:

Final confirmed cost \$:

John Swan invoice number:

Final approval date:

Request forwarded to QLDC on (date):

Signed:

Print name:

### Privacy Statement:

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