

**Name Plaque**

Please fill in what you would like on the name plaque. There is room for 3 lines with a total of 12 letters or spaces on each line. All the letters and spaces making up your message must fit in this grid.


The Interment Fee is £40. Cheques should be made payable to:  
St Teilo's Church.

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**For St Teilo's Use Only**

**Plot No:** \_\_\_\_\_

**Date allocated:** \_\_\_\_\_

**Date Interred:** \_\_\_\_\_

**Date entered in Register:** \_\_\_\_\_

**Signed:** \_\_\_\_\_



# St Teilo's Garden of Rest



## Interment Plot Application Form

**Name of Deceased:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Age:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

I, the undersigned, agree to abide by the Rules and Regulations governing St Teilo's Garden of Rest.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_