



PLAQUE ORDER FORM
WICKPIN NICHE WALL

Shire of Wickpin
PO Box 19 WICKPIN WA 6370
Phone: 9888 1005 Fax: 9888 1074
Email: admin@wickpin.wa.gov.au

Deceased Details			
Full Name		Date of Death	/ /
Niche Wall Compartment Number		Grant Number	

Text Details (up to 10 lines)	
Line 1 (Sentiment)	Please note if no sentiment is required, the first line will stay blank.
Line 2 (Last Name)	
Line 3 (First Names)	
Line 4 (Date of Birth to Death – Format D.M.YYYY)	
Line 5	
Line 6	
Line 7	
Line 8	
Line 9	
Line 10	

Motif Details					
Placement	<input type="checkbox"/> Top of Plaque	<input type="checkbox"/> Bottom of Plaque	Type	<input type="checkbox"/> Flat Relief	<input type="checkbox"/> Bas Relief
Category		Code		Name	
<input type="checkbox"/> Motif not requested					

For a full range of available motifs, please contact the Shire office to view the Motif Catalogue.

Applicant Details			
Name		Contact Details	
Email			
Address			
Relationship to Deceased			
Signature		Date	/ /

I hereby certify that I am the Applicant for this plaque and have authority for the use of this grave.

OFFICE USE ONLY

<input type="checkbox"/> Plaque created online	Proof forwarded to customer	/ /	Cost (incl. shipping)	\$	
Customer approved design	/ /	Purchase Order sent to Everlon	/ /	Plaque Received	/ /
Customer Invoiced	/ /	Payment Received	/ /	Receipt #	