

## **PLAQUE ORDER FORM YEALERING NICHE WALL**

**Shire of Wickepin** PO Box 19 WICKEPIN WA 6370 Phone: 9888 1005 Fax: 9888 1074 Email: admin@wickepin.wa.gov.au

Deceased Details											
Full Name		Date of Death / /									
Niche Wall Row	Compartment Number	Grant Number									
MARJORIE MAY COXON (NEELINGRAM) LOWING WITH OF ANIAL OF SOLIN PLANTAL OF ANIAL OF SOLIN PLANTAL OF ANIAL OF SOLIN ANIT IN TABLE  ANIT IN TABLE  THE SOLIN ANIT IN TABLE  TH	INLOYING MEMORY OF  NORMAN EDWARD FILLEN TRANCIS KING STATEMENT OF STA	DIN MEMORY OF  BERNARD WALTON  BUILDING STILL HAVE THE REPORT OF THE REP									
☐ Single Plaque	☐ Double Plaque	☐ Double Plaque (Detachable Plates)									
Single Plaque - Text Details	(up to 8 lines)										
Line 1											
Line 2											
Line 3											
Line 4											
Line 5											
Line 6											
Line 7											
Line 8											
Double Plaque - Text Details (up to 8 lines)											
Line 1											
Line 2											
Line 3											
Line 4											
Line 5											
Line 6											
Line 7											
Line 8											

Border Details – Single and Double Plaque									
Solid SBD01	Squared SBD02	Arrow SBD03	☐ Double Solid SBD04						

Double Plaque (Detachable Plates) - Text Details (up to 3 lines)							
Backing Plate							
Line 1 (above detachable plates)							
Line 2 (below detachable plates)							
Line 3 (below detachable plates)							
Detachable Plate 1 (Left)	(up to 5 lines)						
Line 1							
Line 2							
Line 3							
Line 4							
Line 5							
Detachable Plate 2 (Right)	(up to 5 lines)						
Line 1							
Line 2							
Line 3							
Line 4							
Line 5							



							Deta	chable	Plat	es							
☐ NO BORDER		HALF BORDER (see example at the top)									☐ FULL BORDER						
			<u>Ш</u>	] Solid	1 SBL	701	Squared SBD02			Arrov	w SBD03	uble Soli	0 2PD	)04			
Motif Details																	
Placement		aue								Туре	,   <u> </u>	Flat Re	lief	Тг	Bas Re	lief	
Category		.4		L			Code				Name				<u>-</u>		
☐ Motif n	ot req	uest	ted														
For a full range of available motifs, please contact the Shire office to view the Motif Catalogue.																	
Vase Detai	ls																
Туре	T		<b>&gt;</b>	☐ VA	\600					A610		Mou □ L	<u>unt</u> ₋eft		☐ Rigl	ht	
☐ Vase not required																	
Applicant I	Details	5															
Name								Pho	ne								
Email																	
Address																	
Relationshi	ip to D	ecea	ased		<u> </u>												
Signature								Date	Date / /								
hereby certify		m th	e App	licant	for t	:his plaque a	and have a	uthority	for th	ie use of t	his grave						
OFFICE USE ONLY  Plaque created online  Proof forwarded to customer  / / Cost (incl. shipping)  \$																	
Customer appr				/	/		se Order sen			/ /	/	1	e Receive		/	/	
Customer Invoi			/	/	Ī	Payment Re				/ /		Receipt					