

## **PLAQUE ORDER FORM HARRISMITH NICHE WALL**

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

Deceased De	etaiis							
Full Name			Date of Death	/ /				
Niche Wall R	ow	Compartment Number		Grant Number				
MARJORIE M.Z COXON (REE ING) LOVINO WITH UT ANY MODIFIE OF ANALY & CO *ASSTORMAN PERDUNCATION AGENT TO ANY AG	RAM)	IN LOVING MEMORY OF  NORMAN EDWARD  KING KING KING KING KING KING KING KIN	IN MEMORY OF  BERNARD ALTON  ORDER OF BASS OF CHIE  THE OF BASS OF THE OF CHIE  THE OF BASS OF THE OF CHIE  Double Plaque (Detachable Plates)					
				, 				
	e - Text Details	(up to 8 lines)						
Line 1								
Line 2								
Line 3								
Line 4								
Line 5								
Line 6								
Line 7								
Line 8								
Double Plaqu	ue - 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							



Detachable Plates																	
☐ NO BORDER			HALF BORDER (see example at the top)									☐ FULL BORDER					
									Sabo	kla Sali	: 4 cpr						
			Solid SBD01				Squared SBD02			Arrov	w SBD03	<u> 3</u> г	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	☐ Motif not requested																
For a full range of available motifs, please contact the Shire office to view the Motif Catalogue.																	
Vase Detai	ls																
Туре	T	_	<b>◆</b> ► □ VA600			\[ \text{VA610} \]				Mount  ☐ Left ☐ Right							
☐ Vase not required																	
Applicant I	Details	5															
Name								Pho	ne								
Email																	
Address																	
Relationship to Deceased																	
Signature	ature								Date	e / /							
hereby certify that I am the Applicant for this plaque and have authority for the use of this grave.																	
OFFICE USE ONL'  Plaque cre		line			Prc	oof forwarded	1 to custome	r	/	/	Cost (incl.	shinping	r) <u>(</u>	\$			
Customer appr		/	/		se Order sen			/ /	/	1	e Receive		/	/			
Customer Invoi			/	/	Ī	Payment Re				/ /		Receipt					