



The Manchester Crematorium Ltd.

ROSE APPLICATION FORM

Name: _____
 Address: _____

 Post Code: _____
 Telephone no. _____
 Email: _____

**** The memorial label can only be supplied by The Manchester Crematorium Ltd. ****

Please write clearly in each box below block letters, leaving an empty box for spaces between words. If the names and spaces exceed the 20 boxes allowed, please consider abbreviating or omitting some of the names. If an additional line is used it will incur an additional cost. The label may only bear the name of the deceased, their date of birth & death plus a personal message at either the top OR bottom.

1st Deceased

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Born _____ Died _____ Crem No. _____

2nd Deceased

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Born _____ Died _____ Crem No. _____

3rd Deceased

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Born _____ Died _____ Crem No. _____

Message req at TOP of label? Message req at BOTTOM of label? (Please tick option)

Options for personal messages below: (Please tick one option req or write in own personal message)

In Loving Memory Of *Always Remembered* *Love Never Dies*
Always With Me *Reunited* *Forever In Our Hearts*
The Love Of My Life *My Wonderful Mum - Dad - Brother - Sister - Wife - Husband*

Or please write own personal message below up to 20 letters including spaces

Own Message

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I, the undersigned, agree to the terms and conditions set by The Manchester Crematorium Ltd. and have checked all the spellings and details above and agree that they are all correct. If the details provided are not correct an additional fee will be charged for the manufacture of a new corrected label.

SIGNATURE OF LEASE HOLDER:

--

 DATE:

--

FOR OFFICE USE ONLY:

Garden Memorial Label: Single Double Treble

Rose Required: Rose Bush/ Pocket Bed with Stake Rose Tree with Strap

I.D. No. _____ Label Created By: _____

Garden Area: _____ Date Label Completed: _____

Section or Bed: _____ Cross Ref Additional Name: _____

Rose Number: _____ Additional Memorial ID No. ID _____