WĀNAKA BABY MEMORIAL APPLICATION FORM

WĀNAKA CEMETERY



APPLICANT DETAILS			
Name:			
Phone:	Email:		
Address:			
PLAQUE REQUEST			
Plaque size is 100mm wide x 65mm high. Please	refer to the exa	mple for further de	tails.
Plaque wording: Please note that although we'll do our best to ac	commodate all r	equests, we will in	form you if your requested wording content
needs adjusting.			
Signature:			Date:
Please send the completed application form to Attn: Cemeteries, Private Bag 50072, Queenst		qldc.govt.nz, or n	nail to: Queenstown Lakes District Council,
OFFICE USE ONLY			
Application number:		Plague Location:	

Application number:	Plaque Location:	
Confirmed cost: \$	Invoice number:	
Approval date:	Signed:	

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