|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Line1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Wording colour either SILVER or GOLD LEAF**

**Font choice (please delete as appropriate):**



**Guidelines for inscription:**

* One character per box and leave one box between each word. Names can go over two lines
* Please use BLOCK CAPITALS

Please supply the Wishing Well plaque with the inscription as set out above.

I understand and agree that the memorial shall be subject to the following conditions:

1. The Bereavement Service office should be advised of any change of address.
2. An additional inscription may be added at any time within the lease period and this would be in the form of a replacement plaque.
3. The inscribed plaque is the property of the lease owner who may collect the plaque after the expiry of the lease period.
4. Plymouth City Council cannot be held responsible for any costs incurred in rectifying mistakes.

**Signed: Date:**