



LONDON BOROUGH OF
RICHMOND UPON THAMES

CEMETERIES

Memorial Seats, Your inscription:-

Back rail, first line (up to 30 letters/characters): _____

Back rail, second line (up to 30 letters/characters): _____

Knee rail, first line (up to 30 letters/characters): _____

Knee rail, second line (up to 30 letters/characters): _____

Cemetery / location requested for the seat _____

I do / do not wish for the seat to be oiled *(please delete as necessary)*

A proof and estimate will be sent to you before the seat is ordered.

Your contact details

Name in full _____

Address _____

Telephone No. _____ Email: _____

Cemeteries Office, Sheen Road, Richmond, Surrey, TW10 5BJ.

If you need this in large print, Braille, audio tape or another language please contact us on 020 8876 4511