

**FISKERTON CUM MORTON PARISH COUNCIL**  
**Application for a memorial bench**

<b>Date of Application:</b>	
<b>Applicant Full Name:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Telephone Number:</b> (Please notify us of any change of details so we can contact you if we need to)	
<b>Name of person for dedication:</b>	
<b>Inscription for the plaque:</b>	
<b>Preferred location of the bench:</b>	
<b>Preferred style &amp; colour of the intended bench:</b> (Include an example photo with your application if you can.)	
<b>Any other information in support of your application e.g</b> <b>Are you the next of kin or executor?</b> <b>Was the person being memorialised a resident of Fiskerton cum Morton, or otherwise?</b>	

**Data Protection Act:**

In accordance with our responsibility under the Data Protection Act, you should be aware that the personal information you are giving will be held and may be passed to other services of the Council, so that you are provided with the best possible support.

We will not pass your personal information to external individuals or organisations unless there is a legal obligation to do so.

**Declaration:**

I have read and understood all of the terms and conditions regarding memorial benches and accept them in their entirety.

Name of Applicant:

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Signed:.....

Date:.....