



Shetland Memorials

MEMORIAL MAINTENANCE FORM

Please complete this form with as much information as possible and include a photo of the memorial if you have one.

Email to: stephen@shetlandmemorials.co.uk or post to Shetland Memorials, 9 Vallafield. Gott. Shetland. ZE2 9XH.

Name: _____

Home Tel: _____

Address: _____

Post Code: _____

Mobile: _____

Email: _____

Cemetery: _____
Section: _____
Lair No: _____ (if known)
Memorial Colour: _____
Font Colour: _____

Work Required:

Clean Memorial

Repaint existing inscription

Add additional inscription

Re-set loose memorial

Existing Name/s on memorial:

1. _____

2. _____

Rough position from gate: eg: left side half way

Additional Inscription required: (please print)

Are you the Lair holder Yes No

Singed Date

Additional Information:

Office use:	Other Information
Viewing Required <input type="checkbox"/>	
Rubbing Required <input type="checkbox"/>	
Quote Required <input type="checkbox"/> Quote Number _____	