

Bereavement Services Western Road KILMARNOCK KA3 1LL



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## NOTICE OF ADDED INSCRIPTION / CLEAN / RENOVATION ETC. OF MEMORIAL

This notice should be completed and **faxed** to the Bereavement Services Office **PRIOR TO WORK COMMENCING**. A minimum of 48hrs notice must be given. The prompt delivery of this form is essential in ensuring the smooth running of the service.

The time given shall be <u>during working hours only</u>, unless otherwise requested. Times outwith working hours will be by prior arrangement only and may incur an additional cost.

It is important that the agreed date and time are adhered to. Should any Sculptor wish to alter these details, they must inform the Bereavement Services Office immediately.

| DAY & DATE                             | TIME | CEMETERY | SECTION / LAIR NO. | NAME ON MEMORIAL | DESCRIPTION OF WORK/S |
|----------------------------------------|------|----------|--------------------|------------------|-----------------------|
|                                        |      |          |                    |                  |                       |
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|                                        |      |          |                    |                  |                       |
|                                        |      |          |                    |                  |                       |
| Name & Address of Monumental Sculptor: |      |          |                    |                  |                       |
| Fixer/s Name:                          |      |          | Fixer/s BFL No:    | Fixer            | /s Contact No:        |
| FOR OFFICE USE ONLY Date Received:     |      |          |                    |                  |                       |
| Date Received:                         |      |          |                    |                  |                       |
| Comments:                              |      |          |                    |                  |                       |