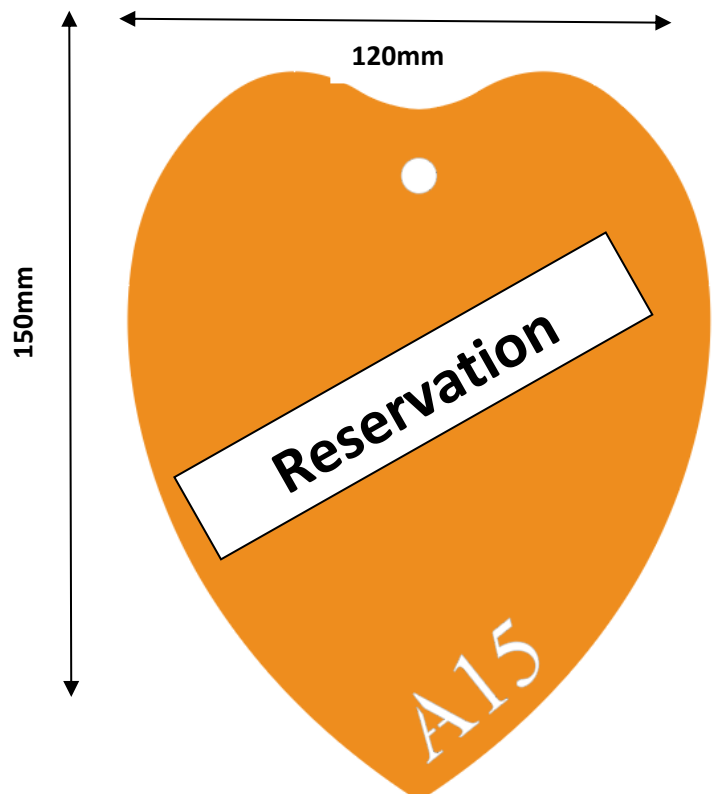


NORTH SHIELDS GARDEN CEMETERY APPLICATION FOR RESERVATION OF LEAF PLAQUE ON MEMORIAL TREE

Reservation Name:	<input style="width: 90%;" type="text"/>		
Applicant Name:	<input style="width: 90%;" type="text"/>		
Postal Address:	<input style="width: 90%;" type="text"/>		
Phone:	<input style="width: 25%;" type="text"/>	Email:	<input style="width: 50%;" type="text"/>
Person Responsible for payment of fees (if different to above): <input style="width: 90%;" type="text"/>			
Postal Address:	<input style="width: 90%;" type="text"/>		
Phone:	<input style="width: 25%;" type="text"/>	Email:	<input style="width: 50%;" type="text"/>

I (the applicant) hereby make an application for the following reservation memorial at the North Shields Garden Cemetery:

MEMORIAL FEE	MEMORIAL FEE As at 1 st July 2026
☐ Reservation of Leaf on Memorial Tree (non-refundable)	\$61.00





MAROON



AUTUMN YELLOW

**** Please circle the colour you wish to order****

Note: The colour of your plaque is predetermined by the location of your plaque. Please ensure you are happy with both the location and the colour of your plaque.

Plaque Location: Branch _____ Leaf No. _____

I acknowledge that I have read and understood the instructions regarding use of memorials.

Applicant name:

Applicant signature:

Date:

OFFICE USE ONLY:

Approved: Yes / No

Authorised by: _____ Signature: _____

☐ Amount owing: \$ _____

Receipt No: _____

☐ Payment Received _____

Post Certificate for reservation _____