SURMANS LIMITED

MONUMENTAL STONEMASONS

VAT NO: 195 7846 02

The Green, Crowell, Chinnor, Oxfordshire, OX39 4RR
Tel: 01844 351323
25, High Street, Princes Risborough, Buckinghamshire, HP27 0AE
7, Buttermarket, Thame, Oxfordshire, OX9 3EW

Website: www.surmansmemorials.com Email: surmansltd@gmail.com

APPLICATION FOR A MEMORIAL

TO BE ERECTI	ED IN:
MEMORIAL D	ESIGN:
SIZE:	
TYPE OF STON	NE:
FLOWER CON	TAINER NO / YES POSITION: Left Centre Right OTHER
TYPE OF LETT	TERING: Cut only / Incised & Enamelled Black, Silver, Grey, Otheror Gilded.
FONT STYLE:	ALL UPPER CASE / Upper & Lower Case / Mixed e.g Names in CAPS
	TIMES NEW ROMAN / GEORGIA / CAXTON / GILL SANS / Other
ORNAMENT:	
ADDITITIONAL WORK: Level and turf the grave / Level and top soil / Leave as it is	
PROPOSED INSCRIPTION	
_	A CONTRACT NO
	space for any further inscriptions? YES / NO
Cremated Ren	mains Have they been interred and the grave marked? N/A / YES / NO
RELATIONSHI	P TO THE DECEASED
SIGNATURE	Date:
NAME	Tel No
ADDRESS:	
EMAIL:	Directors: Pichard H Surman M.R.L.E. Pohart W Surman Din F.D. M.R.L.E.D. Craig, P.H. Surman

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GENERAL DATA PROTECTION REGULATIONS

As of the 25th May 2018 by law we have to obtain your permission to keep personal details on file.

Your personal details in relation to the memorial will only be shared where necessary and only with:

- 1. The Funeral Directors
- 2. The Church Parish / Parish Council of where the memorial is to be erected.
- 3. Our Accountants and Solicitors
- 4. In the unlikely event of an invoice not being paid. Details may be passed onto a 3rd party debt collection agency.

We treat all information confidentially in line with UK Data Protection Laws. We never sell information collected to third parties for marketing purposes.

When the memorial job is complete your file will be put into secure storage and kept indefinitely, unless you ask for us to destroy it.

Your file includes.

- 1) Who ordered the memorial
- 2) Contact details: address, telephone numbers and email address.
- 3) Memorial details will also include Location and the inscription Name and dates.
- 4) Photo of the memorial where possible at time of completion.

Please sign if you agree to the above data being kept on file for the Memorial in the name of:

Deceased's Name:
Sign: Date:
OR
Please destroy my file on completion and when I have settled the account.
Sign: Date: