



**APPLICATION FORM FOR A MEMORIAL LEAF ON THE TREE OF LIFE SCULPTURE
IN THE GARDEN OF HOPE**

Full name of applicant: Title

Full postal address

.....

..... Postcode

Contact telephone number/s

Email

Proposed inscription

.....

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Please send 2 copies of the form to:

St Peter's Church Office
St Peter's Street
St Albans AL1 3HG

I acknowledge that the incumbent is authorised at his/her discretion to permit the introduction of a memorial leaf and I apply for approval of the above leaf inscription. I enclose 2 signed copies of this form for consideration. I undertake that, if approval is granted, the leaf will be constructed in exact conformity with the description in the application, subject to any further condition that you may impose.

Applicant's signature Date

A copy of the form, signed by the incumbent will be returned, recording the application decision. You will be notified when the engraved leaf is in place.