



Louise Hughson Baby Memorial Garden Placement of Plaque Application

To: Shetland Islands Council
Infrastructure Services Department, Burial Services,
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Applicant name _____

Address _____

Telephone Number/s _____

Email Address _____

Inscription _____

Memorial Marker Number _____

Signed _____ Date _____

OR OFFICE USE ONLY:-

RECEIVED ON	
ACKNOWLEDGEMENT SENT	
PLAQUE PLACED	
BACAS	
CONFIRMATION SENT	