

APPLICATION FOR AN ENTRY IN THE BOOK OF REMEMBRANCE
 (Please write legibly and in block letters)

<p>1. Date entry to appear (date of death)</p>	<p align="center">For Office Use Only</p> <p>Cremation No Receipt No Date</p>										
<p>2. Note :- The name counts as and is charged for as one line. No more than 32 letters/figures can be accommodated upon each line. Entries must consist of a minimum of 2 lines.</p>											
	<table border="1"> <tr><td>1</td></tr> <tr><td>2.</td></tr> <tr><td>3.</td></tr> <tr><td>4.</td></tr> <tr><td>5.</td></tr> <tr><td>6.</td></tr> <tr><td>7.</td></tr> <tr><td>8.</td></tr> <tr><td>9.</td></tr> <tr><td>10</td></tr> </table>	1	2.	3.	4.	5.	6.	7.	8.	9.	10
1											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10											
<p>3. Please record in the Book of Remembrance the entry set out above (2) under the date indicated (1).</p>											
<p>4. Please supply Memorial Cards. Please supply Miniature Book of Remembrance.</p>											
<p>5. I enclose a cheque/Postal Order for £..... Cheque/Postal Order should be made payable to Mansfield and District Crematorium</p>											
<p>6. If possible, please provide a telephone number in case we need to contact you:-</p>											
<p>7. Please Date and Sign :- Date..... Signature</p> <p>(The Joint Committee reserve the right to vary any inscriptions as may be found necessary or to refuse an entry which is considered unsuitable.)</p>											
<p>Applicant's name and address :</p>	<p>On completing this form, please return it to :- Mansfield and District Crematorium Derby Road Mansfield Nottinghamshire NG18 5BJ</p>										