

# BOOK OF REMEMBRANCE AND MINIATURES

Please complete this application form in **BLOCK CAPITALS** and check details carefully as mistakes cannot be rectified afterwards

Please record when you wish the entry to appear in the Remembrance Book	Date		Month	
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Details of person completing order form			
Name			
Address			
Postcode			
Telephone		Email	

Inscription Details		
	Surname of Deceased	First Name of Deceased
Line 1		
	Other Lines of Text	
Line 2		
Line 3		
Line 4		
Line 5		
Line 6		
Line 7		
Line 8		
Please note that not more than 32 letters of figures can be used per line		

Please state type of badge, motif etc, with colour required (or attach sample) image	
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Additional Items required				
Number of Memorial Card(s) required				
Number of Memorial Card(s) required	Wild Rose		Poppies	Embossed

Name: ..... Signature: ..... Date: .....