

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>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>											
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<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>										