

Book of Remembrance Application

Please insert your chosen inscription in BLOCK CAPITALS below for entry into the Book of Remembrance.

Name only on the first line, **SURNAME first**, (Maximum 32 characters per line)

1		2
2		
3		5
4		
5		
6		8
7		
8		

On which date would you like the inscription to appear (normally date of death)? Please note that if you wish the **year** to appear you must include it in your inscription.

If a Flower or Badge required please state type and colour or attach an example:

I wish to purchase copy/copies of the entry on:-

- a** Folded Remembrance Card
- b** Memorial Card
- c** The Miniature Book of Remembrance
- d** Addition to miniature Book of Remembrance

Quantity required

Please note that we must receive the application form within 6 months following the date of death in order for the inscription to be viewed on the first anniversary date.

Applicant's name and address

Name

Address

Postcode

Tel No:

Signature of applicant

Date

Cheques/postal orders to be made payable to **Royal Borough of Greenwich**. Credit/debit card payments only accepted in person or by telephone following receipt of application form.

I enclose a contribution to the Crematorium's Memorial Donation Fund of

Name

Address

Postcode

Date

Eltham Crematorium, Crown Woods Way, London SE9 2AZ

Telephone: 020 8850 7046 Fax: 020 8859 6991

Email: eltham.crematorium@royalgreenwich.gov.uk

