

Book of Remembrance

It is important you understand the terms and conditions before agreeing to them.

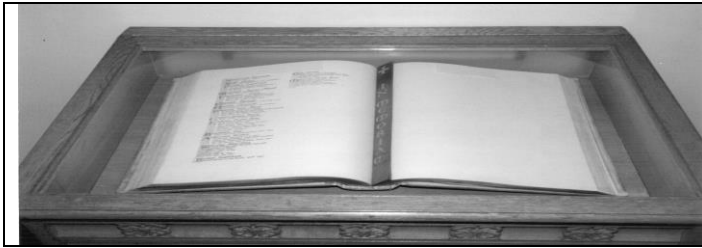
- Bradford Metropolitan District Council Bereavement Services take no responsibility for damage caused to items outside our control.
- The Applicant / Purchaser shall receive an entry in the Book of Remembrance consisting of 2 lines, 5 lines or 8 lines on payment in advance.
- All entries are at the discretion of Bradford Metropolitan District Council Bereavement Services
- Payment of appropriate fees is to be made at the time of application.
- Memorialisation applications and payments can be made at Bereavement Service offices at Bradford and Keighley.
- Please notify us of a change of address or contact details.
- Bradford Metropolitan District Council reserves the right to alter or amend the product and the terms and conditions of any of its memorial schemes without notice.
- If you require any further advice or information, please contact us on telephone number 01274 433900

I confirm that I have read and understand the terms and conditions

Name of address of applicant

Print Name.....	
Address.....	
.....	
Post Code.....	
Telephone.....	Email.....
Signed	Date

Please return form to the relevant area office



Area office for:
 Scholemoor Crematorium Nab wood & Oakworth Crematoria
 Bereavement Services Bereavement Services
 Unit 7 Mitre Court The Library Annexe
 Cutler Heights Lane Spencer Street
 Bradford Keighley
 BD4 9JY BD21 2BN
 Tel: 01274 433900 Tel: 01535 618245

Book of Remembrance – Order Form and Inscription Details

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

Specify Crematorium Location	Scholemoor	Nab Wood	Oakworth
✓ As appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Office Use
Reference No _____
Acknowledged _____
Receipt No _____
Date Inscribed _____

Please record entry under date	
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Please note: that **NOT** more than 32 letters or figures can be used per line. Bradford Metropolitan District Council reserve the right to vary any inscription as may be found necessary or to refuse an entry which is considered unsuitable.

	Surname	Forenames
Two Line Entry	1	
	2	
Five Line Entry	3	
	4	
	5	
Eight Line Entry	6	
	7	
	8	

Motif - Details and / or attached example

Please supply _____ Memorial Card
 Please supply _____ Miniature Book

PLEASE NOTE: IF YOU WISH TO HAVE AN EMBLEM/PICTURE INSCRIBED IN A MINIATURE BOOK, A SECOND EMBLEM FEE WILL BE PAYABLE.

I enclose the sum of £ _____ Cheques/postal orders should be made payable to Bradford MDC

Applicant _____
 Please Date and Sign _____ Signature _____ date _____