

# *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 the Bereavement Services office at Shay Grange Crematorium, Long Lane, Heaton, Bradford, BD9 6ST.
- 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 or 01535 618245.

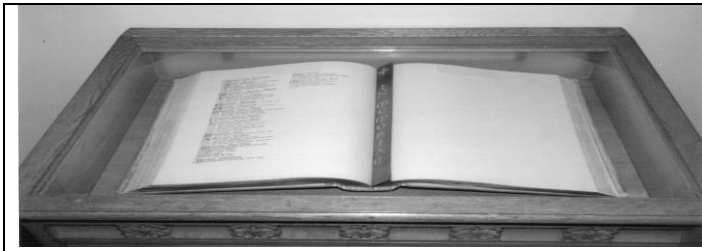
I confirm that I have read and understand the terms and conditions.

Name of address of applicant

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

Please return form to

**Bereavement Services  
Shay Grange Crematorium  
Long Lane  
Heaton  
Bradford  
BD9 6ST**



Area office for: Scholemoor, Nab Wood & Oakworth Crematoria

**Bereavement Services**  
Shay Grange Crematorium  
Long Lane  
Heaton  
Bradford  
BD9 6ST

Tel: 01274 433900 or 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 ✓ As appropriate	Scholemoor	Nab Wood	Oakworth
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>For Office Use</b>
Reference No _____
Acknowledged _____
Receipt No _____
Date Inscribed _____

<b><i>Please record entry under date</i></b>	
--	--

**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.**