

SLOUGH CREMATORIUM

Stoke Road, Slough, Berks SL2 5AX 01753 523127/520702

Crem No:]
Receipt No:	
Order No:	

BOOK OF REMEMBRANCE APPLICATION

Please fill in your details below:				
NAME (Mr/Mrs/Miss/Ms)				
Address:				
Tel No:	Date:			
Book of Remembrance Ent	rry: £			
Floral Emblem, Badge or C				
Remembrance Cards x				
Miniature Books x	£			
Triplicates	£			
·	Total: £			
(Cheques/Postal Orders should be made p	ayable to Slough Borough Council)			
	Signed:			
	CREM/4772/07-12-18			

APPLICATION FOR AN ENTRY IN THE BOOK OF REMEMBRANCE

RED & BLACK	
GOLD & BLUE	

Please write clearly in block letters

Date of Entry:	(Can be the date of death, an anniversary or a birthday		
llustration (such as a flower, badge or hobby/interest): 'you may need to provide an example of the illustration you require)			
Surname	Forenames		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
No more than 32 letters/figures to 6	each line		