

Book of Remembrance

Please complete the form in BLOCK Capitals and return with your payment to **The Manager, Bereavement Services, Tixall Road, Stafford ST18 0XZ.**
Please make cheques payable to Stafford Borough Council.

Inscription Details

DATE		
SURNAME	FIRST NAME	} 2 lines
		} 5 lines
		} 8 lines

Maximum of 32 letters and/or figures on each line.

NAME	REFERENCE NO
ADDRESS	
POSTCODE	
TEL	DATE
EMAIL	
I enclose a cheque/postal order for	£

The Borough Council reserve the right to vary any inscription if necessary or to refuse an inscription which is considered unsuitable.

Office Use

ACKNOWLEDGED

RECEIPT NO.