

Digital 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.

Full name of the deceased

Date of entry*

***The date the inscription appears in The Book of Remembrance.**

Is this an existing entry in The Book of Remembrance?

YES NO

How many Viewing Cards would you like?

Additional names linked to the same card

Date of entry*

1

2

3

4

Each additional name on the card counts as one additional screen. Your new card/s can only be supplied after the inscription has been completed within the Book of Remembrance.

| | |
|----------------------|--------------|
| NAME | REFERENCE NO |
| ADDRESS | |
| <input type="text"/> | |
| POSTCODE | |
| TEL | DATE |
| EMAIL | |

I enclose a cheque/postal order for

£

Office Use

ORDERED

RECEIPT NO.