

BOOK OF REMEMBRANCE APPLICATION FOR MEMORIAL ENTRY &/OR REPLICA'S

**Bereavement Services
Lincoln Crematorium
Washingborough Road
Lincoln, LN4 1EF
Tel: 01522 873646**

For office use only

Date	Receipt number	Ref No.

Book of Remembrance	Yes / No
Miniature Book	Yes / No
Memorial Card	Yes / No

Please record this entry in the BOOK OF REMEMBRANCE under date _____

I enclose a cheque/Postal Order for £_____made payable to **City of Lincoln Council**
We are also able to take payment by card at the Crematorium office.

Name of Applicant: Mr/Mrs/Miss _____ Tel No. _____

Address _____

Signature of Applicant _____ Date _____

Please complete entry below. The City of Lincoln Council reserve the right to vary any inscription as may be found necessary or refuse an entry which may be considered unsuitable.

Please write legibly, in **BLOCK LETTERS**, and check all details carefully as mistakes cannot be rectified afterwards

Not more than 32 letters or figures are possible to each line for ALL 2, 5 & 8 line entries.

SURNAME	FIRST NAMES
1. _____	_____
DATES AND PARTICULARS OF EPITAPH	
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____