



BOOK OF REMEMBRANCE APPLICATION

OFFICE USE ONLY	
Cremation No.:	
Receipt No.:	
Date Received:	

Applicant's details:			
Full name:			
Home address:			
		Postcode:	
Email address:		Phone No:	

Fee details:			
Inscription fee:			
Folded card fee:		No. required:	
Miniature book fee:		No. required:	
TOTAL:			

Please indicate how you will pay:	
<input type="checkbox"/>	I enclose a cheque / postal order payable to Walsall MBC for the total amount shown above
<input type="checkbox"/>	I wish to pay by debit / credit card

I understand and accept that the council:

- will contact me to take payment over the phone if I indicate I wish to pay by debit / credit card.
- will take all reasonable care to comply with the instructions given on this application form.
- is unable to accept responsibility for an incorrect inscription due to spelling errors.
- will charge me for rectifying any of the errors if the inscription details on this application are incorrect.
- reserves the right to refuse or to vary any inscription that, in its absolute discretion, considers to be unsuitable.

By signing this document I authorise Bereavement Services to share any information on this form with third parties for the purpose of making the entry in the Book of Remembrance.

Signature:		Date:	
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Individual remembrance cards and deluxe books must be purchased with an entry to the main volume. They will be completed as soon as possible and sent directly to you from the calligraphers. As the cards and books are made, and inscribed, by hand to order please allow 8 weeks for delivery.

Please remember to send us your individual cards or deluxe books when you require an additional entry.

Applications for Book of Remembrance entries can be made online at www.walsall.gov.uk/death_and_bereavement

Walsall Council will only ever create, use, store and or share your data in accordance with the data protection regulations and conditions for processing as set out in our privacy statement(s) which are available online via http://go.walsall.gov.uk/privacy_statement. Should there be a requirement to share your information for any other purposes outside of our public functions, tasks and statutory requirements, Walsall Council will always ensure consent is appropriate wherever necessary.



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Deceased's details:	
Full name:	
Date of death:	

Which book would you like the entry to be made in? (please circle)		What date would you like the inscription to appear on?
Streetly	Ryecroft	

Inscription:	
Please use BLOCK CAPITALS and remember that each line is restricted to 32 letters or figures.	
Line 1 must only contain the deceased's name (surname then forenames).	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Artwork:	
A picture can be placed beside any entry which is more than 2 lines long. If you would like this please give a description of the artwork you require below:	
Floral design:	
Badge:	
Coat of arms:	
Other:	
If you have a picture of your preferred artwork please enclose it when you return this form.	

If you need any assistance please e-mail us at BereavementServices@walsall.gov.uk or call the office on 0300 555 2848.