



# Book of Anniversary

## Your Details (Applicant)

Name

Address

Phone

Email

## Proposed Entry

Date of Entry (Any Date)

Day

Month

Please write clearly. **DECEASED NAME only on line 1.** The remainder of the inscription continues on line 2. **A maximum of 40 characters (letters & spaces) per line is available.** If additional lines are used an extra cost will apply.

	(Deceased Name) NAME(S)	SURNAME	Characters (Office use only)
1			
2			
3			
4			
5			
6			
7			
8			

If an emblem is to be incorporated please describe or provide an image of the emblem.

Description.....

Please mark in the inscription above where you would like the emblem to be positioned. (Note: Inclusion of an emblem will reduce the amount of characters available per line and a minimum of 5 lines is required. )

The Company reserves the right to vary any inscription as may be found necessary or to refuse an entry which is considered unsuitable.

I, the Applicant, confirm that the above information is correct and agree to abide by the terms and conditions set down by The Manchester Crematorium Ltd.

Signature

Date

### For Office Use Only

Cap

Total Lines

Emblem

Total Payable £

Memorial I.D.	
Cremation Number	
Date of Death	