

# Tynemouth Crematorium

Inscription in the Book of Remembrance

## Memorial Cards / Miniature Books

Please supply me with ..... Memorial Cards and / or ..... Miniature Books complete with inscription as submitted overleaf.

## Order Summary

Book of Remembrance Inscription ..... Lines **Total = £** .....

Memorial Cards: ..... Motif: Yes / No **Total = £** .....

Miniature Books: ..... Motif: Yes / No **Total = £** .....

I enclose a Cheque for the total amount of: £ .....

**Cheques are only accepted for postal applications payable to: NORTH TYNESIDE COUNCIL**  
**If paying by debit/credit card, we will contact you by telephone to make payment.**

NAME OF APPLICANT:

ADDRESS:

TELEPHONE NO:

## FOR OFFICE USE

CREM  
NO:

MEM. CARDS /  
MIN. BOOKS:

REC'D:

ORDERED:

INSCRIBED:

RECEIPT  
NO:

## Please note that larger text versions are available on request.

I have read and checked the dates, spelling of names and details of the inscription I wish to be placed in the Book of Remembrance / Memorial Card / Miniature Book (delete as applicable).

The date shown at the top of the application is the date in the Book of Remembrance on which the entry will appear and also the date that will be shown at the top of any Memorial Card or Miniature Book.

I am aware that it may not be possible to correct an entry after it has been inscribed in the book. If a correction is possible, or if the entry should have been placed on a different date, I understand that additional charges will be payable by me.

NAME:

SIGNED:

DATE:

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# Inscription in the Book of Remembrance Application Form



