

Office Use: Crem No.....Rec No.....Date.....

Please return the completed application form to:

***ST HELENS / *NEWTON (*PLEASE SELECT LOCATION)
BOOK OF REMEMBRANCE**

Please record an entry in the Book of Remembrance under this date:

Date of Death

(Or any date of your choice)

(Insert name only on first line - this is classed as one line)

Each line should not exceed 33 letters

**The Cemetery and Crematorium Office
St Helens Crematorium
Rainford Road
St Helens
WA10 6DF**

Telephone: 01744 677406/7

Surname	Forename(s)

TITLE.....

NAME.....

ADDRESS.....

.....**Postcode.....**

TELEPHONE NUMBER.....

SIGNATURE.....

Please do not hesitate to contact the above office if you require any assistance concerning this application or any other matter.

St Helens Council for the sum of £.....

(See enclosed price list for current fees and charges)

Please also supply.....Miniature Books inscribed as above

Please also supply.....Memorial Cards inscribed as above

Choice of emblem.....

(Only available with 3-5 and 6-8 line entries at an additional cost)

(Some examples Red Rose, Badge, Teddy Bear, Motif or Crest)

Please attach a sample to this application if something unusual is requested.

METHODS OF PAYMENT:

CASH IN PERSON OVER THE COUNTER

DEBIT/CREDIT CARD OVER THE COUNTER OR BY TELEPHONE

UNFORTUNATELY WE NO LONGER ACCEPT CHEQUE PAYMENTS

Office: 9.00am – 12.30pm & 1.30pm – 4.30pm Monday to Friday

(Revised August 2011)