

## REMEMBRANCE BENCH

Details of person completing order form			
Name			
Address			
Postcode			
Telephone		Email	

I wish to arrange the adoption of a remembrance bench for ten years

Name of Deceased(s)	
Date(s) of Death	

**Please enter your choice of wording in the lettering grid below**  
(Approximately 20 letters or figures can be used per line)

Plaque Inscription Details	
Line 1	
Line 2	
Line 3	
Line 4	
Line 5	

**I HAVE READ, UNDERSTOOD AND WILL ABIDE BY THE CREMATORIUM REGULATIONS (ENCLOSED IN THIS MEMORIAL LITERATURE)**

Name..... Signature..... Date .....