



Craven Bereavement Services

The Chapel Office
Skipton Crematorium
Carleton Road
Skipton

North Yorkshire BD23 3BT

Bereavementservices.cra@northyorks.gov.uk

www.northyorks.gov.uk

BOOK OF REMEMBRANCE APPLICATION

You may purchase 2, 5 or 8 lines only – although you may, for example, purchase 8 lines, use 4 now and reserve 4 for a future entry

Maximum of 32 characters including spaces per line.

Entry Type 2,5 or 8 line entry

| INSCRIPTION DETAILS | |
|---------------------|--------------|
| 1. Surname: | First Names: |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |

The Council reserve the right to vary any inscription as may be found necessary or to refuse an entry that is considered unsuitable. If you require assistance completing this form please contact the office.

| |
|---|
| Please record this entry in the Book of Remembrance under date: Date: _____ Month: _____ (year not required) |
| Do you wish to include a Floral Emblem, Badge, Shield, Crest or Illuminated Capital? If so please state your choice or enclose a photo: |

BOOK OF REMEMBRANCE CHAPEL OPENING TIMES

Open every day of the year Including Bank Holiday and Christmas Day
9.00 am – 4.00 pm

During working hours (Monday to Friday) we will be happy to turn the page for you, subject to the corresponding book being available.

Or you can view the book at any time online at:

www.remembrance-books.com/skipton/book-of-remembrance.html

Please Turn Over

Memorial Card / Deluxe Booklet

If you wish to have a keepsake of the memorial at home, you can place a duplicate copy of the entry in a Memorial Card, or have several entries in a Deluxe Booklet

| | |
|----------------|------------------|
| Memorial Card | Number Required? |
| Deluxe Booklet | Number Required? |

| ADDITIONAL LINES RESERVED | YES / NO |
|----------------------------|----------|
| HOW MANY ADDITIONAL LINES: | |

THERE ARE CURRENTLY TWO REMEMBRANCE BOOKS January to June and July to December.

Each Book is sent away **once per year** to be updated.

For Entries, forms should be received at the Bereavement Services office no later than:

For entries to appear in the Book for dates between:

January to June – forms must be received by **15 October**.

For entries to appear in the Book for dates between:

July to December – forms must be received by **15 April**.

Entries received after the dead line will not be included until the following year.

Details of the person making the application

| | | | |
|------------|--|---------|--|
| Full Name: | | | |
| Address: | | | |
| | | | |
| Telephone: | | E-Mail: | |

Please make cheques payable to '**NORTH YORKSHIRE COUNCIL**'
Or Telephone the Office directly to pay by card.

| OFFICE USE | | |
|-------------------------|------------------------|-----------------|
| Total Due: £ | Date Payment Recd: | Receipt Number: |
| BACAS ID Number: | Date Entered on BACAS: | |
| Additional Information: | | |