

Almond Lane Cemetery

Book of Remembrance Application Form

Return to:

Stevenage Borough Council, Cavendish Road, Stevenage, Herts SG1 2ET - Tel No: 01438 367109 Email: cemeteries@stevenage.gov.uk

Our Privacy Policy has been updated to reflect changes to data protection legislation and can be viewed at the following link https://www.stevenage.gov.uk/privacy-policy

Please inscribe into the Book of Remembrance at the Almond Lane Cemetery an entry to the memory of:	
Full Name of Deceased:	
Date of Birth:	Date of Death:
Verse (BLOCK CAPITALS):	
Name and Address of Person Reg	ηuesting Entry:
Mr / Mrs / Miss / Ms	
	mber:Email:
	FOR YOUR INFORMATION
If the anniversary of the death is bet form will need to be returned by the	ween the months as detailed below, the Book of Remembrance application month shown below.
Anniversary of Death	Date Application to be returned by
January - April	Last day of October
May - August	Beginning of March
September - December PLEASE NOTE:	Beginning of July
 The fee for the Book of Rememb There must be no more than 32 l 	ame of deceased with the full date of birth and death. rance is £55 per entry and £33 for each line of verse. etters in each line of verse and must not be more than 4 lines long. o STEVENAGE BOROUGH COUNCIL. FOR OFFICE USE ONLY
Distant	
PIOT INO:	Fee:
Date:	Receipt Number: