

Weston Road 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 Weston Road 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 Re	equesting Entry:
Mr / Mrs / Miss / Ms	
	mber:Email
	FOR YOUR INFORMATION
If the anniversary of the death is b form will need to be returned by the	between the months as detailed below, the Book of Remembrance application ne 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	Beginning of July
The fee for the Book of RememThere must be no more than 32	e name of deceased with the full date of birth and death. The name of deceased with the date of birth and death. The name of deceased with the full date of birth and death. The name of deceased with the date of bi
	FOR OFFICE USE ONLY
Plot No:	Fee:
Date:	Receipt Number: