

MIDDLESBROUGH COUNCIL  
**Bereavement Services**  
**Cemeteries and Crematorium Office**

Teesside Crematorium, Acklam Road,  
Middlesbrough, TS5 7HD  
Telephone: 01642 817725

email: bereavementservices@middlesbrough.gov.uk

**FOR OFFICE USE ONLY**

Checked .....  
Rec. No .....  
Ins .....  
C. No. ....

**PARTICULARS FOR INSERTION IN THE BABY BOOK OF REMEMBRANCE  
TEESSIDE CREMATORIUM**

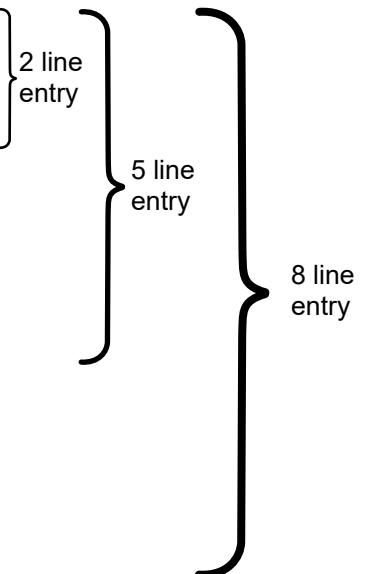
Please write clearly in BLOCK LETTERS

The first line should have no more than 27 letters and refer only to names.  
The rest of the lines should have no more than 32 letters or figures per line. If you wish to have more than 8 lines please let us know.

We reserve the right to vary any inscription as may be found necessary or to refuse any entry which is considered unsuitable.



Surname	Forenames
Epitaph	



floral motif, design or badge etc. (see para. 2 below)

- Please record the above entry in the Book of Remembrance under the following:  
Date of death ..... 20 ..... Fee: £.....
- Please include the following badge/floral motif/design etc. with the entry:
  - Floral motif (specify flower and colour) (.....) Fee: £.....
  - Any other design (please enclose example) or see leaflet. (.....) Fee: £.....
- I would also like:

	Quantity	
a) Memorial Card(s)	(.....)	Fee: £.....
b) Miniature Book(s) of Remembrance	(.....)	Fee: £.....
c) Memorial Book(s) with photograph (to be provided)	(.....)	Fee: £.....

Continued overleaf.....

I enclose a cheque to the value of £..... payable to Middlesbrough Council.  
 For Card payments please contact the crematorium office.

I understand that any material which I have supplied to the Council for reproduction will be treated with the greatest care but in the event of loss or damage the authority will not be held responsible. With regard to any literary or visual material supplied for the artist to undertake an illustration or to make the inscription itself, similarly any material supplied for photographic reproduction, I confirm that I have obtained any necessary rights to copy required under copyright law.

The entry will automatically be added to the computer at no extra cost. A PIN number will be sent to the email address you have provided close to the memorial date.

Signature of Applicant (Mr/Mrs/Miss/Ms) .....

Name of Applicant (Mr./Mrs./Miss/Ms).....

Address .....

Post Code ..... Tel No ..... Date .....

Email address .....

Please note inscriptions can be seen on the first Anniversary of the date of death but this can only be guaranteed if the completed form is returned at least five months before that date.

**IF YOU WOULD LIKE TO DISCUSS MEMORIALS PLEASE  
 CONTACT THIS OFFICE**

**PLEASE NOTE AS FROM 1 APRIL EACH YEAR  
 ALL BOOK OF REMEMBRANCE CHARGES WILL BE INCREASED**

<b>Book of Remembrance</b>	
2 line entry 5 line entry 8 line entry	
<b>Inscriptions with flowers and other designs</b>	
5 lines with flower 8 lines with flower	
5 lines with design 8 lines with design	