

FORM FOR APPLICATION TO ENTER NAME OF DECEASED

INTO THE MEMORIAL BOOK AT ALL SAINTS' CHURCH LEAMINGTON SPA

FULL NAME OF DECEASED

FIRST NAME(S)

KNOWN NAME IF APPLICABLE

SURNAME

DATE OF DEATH

BRIEF NOTES ABOUT THE DECEASED (OPTIONAL)

YOUR NAME

YOUR ADDRESS

POST CODE

COUNTRY

TELEPHONE NUMBER

EMAIL ADDRESS

The details you have provided on this form may be used to contact you if further clarification is required about the entry to be made in the Memorial book, and will be stored in accordance with our privacy policy, available on the church website or from the Parish office.

In addition, we may wish to contact you with information about special memorial services held in the church, including a service for the dedication of the Memorial book.

If you would like to receive such information, please tick this box.