

Application for entry into Maunu Book of Remembrance

Date _____

Details of applicant

Surname _____

Forenames _____

Postal address _____

Phone/mobile _____ Email _____

Details of deceased

Surname _____

Forenames _____

Date of death _____

Full details of entry *(please print clearly)* **** Maximum of 130 characters including spaces in total**

Date to be remembered _____

Name _____

Text ****** _____

Text ****** _____

Text ****** _____

Fee	Book of Remembrance entry	All fees GST inclusive	\$67.00
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Office use

Receipt number _____ Email sent to cemetery manager

Receipt date _____ Form sent to cemetery office

Customer service representative name _____ CSR initials _____