**BOOK OF REMEMBRANCE
St Winefride’s Catholic Church, Neston**

PLEASE PRINT IN **BLOCK CAPITALS**

**DETAILS** OF THE DECEASED PERSON

FIRST NAME …………………………………………………………………………………………………………………………………………………………..

SURNAME ………………………………………………………………………………………………………………………………………………………………

DEATH: DATE………………….. MONTH…………………………………………………. YEAR ………………………………………

DETAILS PROVIDED BY……………………………………………………………………………………………………………………………………………

ADDRESS/TEL NO./EMAIL …………………………………………………………………………………………………………………………….

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DATE …………………………………………………………….…………………………………………………..

SIGNATURE ……………………………………………………………………………………………………….