## Book of Remembrance



Submitters Details		
Name		
Address		
Telephone Number		
Relationship to Deceased*		
* If you are not a relation of the deceased please check their family are happy for this to be submitted on their behalf.		
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## **Deceased Details**

Name			
Town & County			
Date of Birth (if known)			
Date of Death			
Brief Description of involvement with Poultry			