**Book of**

**Remembrance**

**Application for Inscription**

Registered Charity Number: 297965

**BRACE**

|  |  |
| --- | --- |
| **Name to be inserted in the BRACE Book of Remembrance** (name in full please) | |
| Surname |  |
| First Name(s) |  |
| Date of Birth |  |
| Place of Birth (town or village) |  |
| Date of Death |  |
| Place of Death (town or village) |  |
| **Applicant** |  |
| Name of Applicant |  |
| Address and email address |  |
|  |  |
|  |  |
|  |  |
| Telephone Number |  |

Names are inscribed by a skilled calligrapher who lends their skills in a voluntary capacity, enabling us to make no charge for entries in the book.

The BRACE Book of Remembrance is dedicated to the memory of those who have sadly died with Dementia and associated illnesses and whose names are recorded therein.

The Book of Remembrance will be on view at the annual BRACE Carol Service.

*Please keep this section for your future reference*

**BRACE Book of Remembrance**

**Application for Inscription**

**(PLEASE PRINT CLEARLY)**

**Please return this form to:**

The BRACE Charity Office

The Brain Centre, Southmead Hospital  
Bristol BS10 5NB

**For further information about the charity, its work and needs, please contact:**

The BRACE Charity Office

The Brain Centre, Southmead Hospital  
Bristol BS10 5NB

Telephone: 0117 414 4831

Email: admin@alzheimers-brace.org

Website: www.alzheimers-brace.org