

**ABERDEEN MATERNITY HOSPITAL MEMORIAL BOOK APPLICATION FORM
(PLEASE COMPLETE IN BLOCK CAPITALS)**

1. NAME(S) OF PARENT(S) AS THEY SHOULD APPEAR IN THE ENTRY.

2. DO YOU WISH ANY OF THE FOLLOWING WORDS TO BE PRINTED BEFORE THE NAME OF YOUR BABY? OR IN PLACE OF A NAME? PLEASE CIRCLE WHICH (IF ANY) OF THE FOLLOWING YOU WISH TO APPEAR:

“THEIR BABY” “HER BABY” “HIS BABY” “BABY”

3. NAME(S) OF BABY (IF GIVEN) AS THEY SHOULD APPEAR IN THE ENTRY.

4. DATE OF BIRTH

5. DATE OF DEATH

6. THERE IS A SPACE FOR UP TO 24 WORDS OF A PERSONAL MESSAGE IF YOU WISH. PLEASE WRITE ONE WORD IN A BOX.

SIGNATURE:

MOTHER / FATHER

NAME:

ADDRESS:

TELEPHONE NO:

PLEASE RETURN TO:

**Memorial Book Co-ordinator, Chaplains Office,
Aberdeen Royal Infirmary, Foresterhill, Aberdeen, AB25 2ZN**