

# REQUEST FOR THE MEMORIAL SCROLL

## Part 1 - Particulars of the Claimant

Surname ..... Forenames .....

Full Postal Address .....  
.....Post Code.....

Telephone Number ..... Email Address .....

## Part 2 - Particulars of the Deceased

Surname ..... Forenames .....

Service Number (if known)..... Rank (if known).....

Date of Birth ..... Date of Death .....

## Part 3 – Relationship to the Deceased

The official next of kin is the first person in the following list who is still alive. Read the list below and when you come to the first living relative, tick the box and write his or her details next to it.

	Tick Here	Remarks
A. Surviving spouse	<input type="checkbox"/>	<input type="text"/>
B. Eldest child	<input type="checkbox"/>	<input type="text"/>
C. Eldest grandchild / great-grandchild	<input type="checkbox"/>	<input type="text"/>
D. Parent	<input type="checkbox"/>	<input type="text"/>
E. Brothers / Sisters of the whole blood	<input type="checkbox"/>	<input type="text"/>
F. Children of brothers / sisters of the whole blood	<input type="checkbox"/>	<input type="text"/>
G. Brothers / sisters of the half blood	<input type="checkbox"/>	<input type="text"/>
H. Children of brothers / sisters of the half blood	<input type="checkbox"/>	<input type="text"/>
I. Grandparents	<input type="checkbox"/>	<input type="text"/>
J. Uncles / Aunts of the whole blood	<input type="checkbox"/>	<input type="text"/>
K. Children of Uncles / Aunts of the whole blood	<input type="checkbox"/>	<input type="text"/>
L. Uncles / Aunts of the half blood	<input type="checkbox"/>	<input type="text"/>
M. Children of Uncles / Aunts of the half blood	<input type="checkbox"/>	<input type="text"/>
N. Other	<input type="checkbox"/>	<input type="text"/>

**Part 4 – Any Other information**

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Please add any other relevant information

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**Part 5 – Declaration**

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To the best of my knowledge the information I have given is correct and as full as possible. Please be aware that it is an offence to withhold knowingly relevant information or to give false information.

Name

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Signed ..... Date .....

**Please return this completed form to the address below, enclosing written and signed permission if acting on behalf of the proposed claimant.**

MOD Medal Office  
Innsworth House  
Imjin Barracks  
Gloucester  
GL3 1HW