|  |  |
| --- | --- |
| Surname of Deceased |       |
| Forenames of Deceased |       |
| Aliases (if any) |       |
| Address of Deceased |       |
| Description (occupation / status) |       |
| Date of Death |       |
| Names of Personal Representatives |       |

|  |  |
| --- | --- |
| Name of Firm or Person to whom claims should be sent |       |
| Address |       |
| Reference (if any) |       |

|  |  |  |
| --- | --- | --- |
| Expiry date for claims(at least two months and one day from the publication date)  |       |  |
| **leave blank for EPE Reynell to determine** |

|  |  |
| --- | --- |
| **Please specify ALL of the publications in which you require the notices to appear...** | **Newspaper notices will be published in a format similar to that displayed in the example shown below ...** |
|  |
|  |  |
|  |       |
|  |
| Please email the completed form to: **statads@epe-reynell.co.uk** You will receive an immediate automated response to acknowledge receipt and we will send you a further email confirming the scheduled publication dates and costs.Following publication you will receive copies of the adverts along with our invoice. |