**Pilgrimage Details**

Many students and staff will have relatives buried in CWGC cemeteries or named on memorials to the missing.

To assist us with arranging to conduct pilgrimages for your students and staff, please complete and return one copy of this form for each casualty.

Thank you.

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| **Name of Group** |  |
| **Tour & Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student** |  | | |
| **Full Name of Casualty** |  | | |
| **Rank** |  | **Regiment** |  |
| **Date of Death** |  | **Date of Birth** |  |
| **Details of Cemetery / Memorial (if known)** |  | | |

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| **Other Information** *anything that you think will be useful* |
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