

Sunrise Presbyterian Church

Application for Memorial Wall Plaque

The undersigned hereby applies to purchase a Memorial Plaque for inclusion on the Sunrise Presbyterian Church Memorial Wall in remembrance of the person listed below.

I understand that the Memorial Plaque shall be subject to the Columbarium and Memorial Garden Rules, Policies, and Regulation duly adopted by the session as amended from time to time and agree to be bound by such rules.

I understand that, once the application information is fully verified for eligibility and correctness of information, and payment has been received in full, the Memorial Plaque will be ordered and installed when the plaque is completed.

Applicant's Name: _____

Address: _____

Phone number(s) _____

Relationship of the deceased to this Applicant: _____

Memorial Plaque Information

PRINT the following information as you would like it to appear. **No titles may be used**, only the name. Two lines are permitted, one for the name and one for the dates. Only 23 characters per line are permitted including spaces.

Name of deceased: _____

Date of Birth: _____ Date of Death: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Applicant's Signature: This signature below verifies that the inscription information given above is correct.

_____ Date: _____

Cost of Memorial Wall Plaque: \$800

Payment may be made by check to Sunrise Presbyterian Church or online at www.oursunrise.org/give/. Be sure to enter "Columbarium" in the memo space.

For Church Use Only:

Date application and payment received: _____

Eligibility and Information Verified: By _____ Date: _____

Certificate for Memorial Wall Inscription (date) _____