

FIRST UNITARIAN MEMORIAL STONE ENGRAVING REQUEST

I, (your name): _____, request that First Unitarian Church of Dallas engrave the following name(s) and date(s) on a memorial stone in the Grier H. Raggio Memorial Garden of the First Unitarian Church of Dallas. I understand that the current fee is \$300.00 per entry.

Signed: _____ Date: _____

Address: _____

No.

Street

Apt. No.

City

State

Zip Code

Phone: (home) _____ (cell) _____

Names to be engraved (*please type or print clearly in capital letters*):

| | | | | |
|-------|--------|-------|---------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| First | Middle | Last | Year of Birth | Year of Death |
| _____ | _____ | _____ | _____ | _____ |
| First | Middle | Last | Year of Birth | Year of Death |
| _____ | _____ | _____ | _____ | _____ |
| First | Middle | Last | Year of Birth | Year of Death |
| _____ | _____ | _____ | _____ | _____ |
| First | Middle | Last | Year of Birth | Year of Death |

If payment has not already been made, please include it with this form.

Make your check payable to The First Unitarian Church of Dallas and write "Memorial Stone Engraving" on the memo line.

**** PLEASE NOTE:**

Names and dates will be engraved upon the death of one of the above listed names.

Names of surviving relatives (spouse, child) will be engraved with deceased's.

Year of birth and death are engraved upon death of surviving family members.

Please advise your family or executor to notify the Church of your passing.

OFFICE USE ONLY:

Amount paid: _____ Date Received: _____ Ref. #: _____

Received by: _____