

# Memorial Engraving Form

Date: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Please PRINT clearly

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #s: \_\_\_\_\_

In Memory of: First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

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Please PRINT clearly. One letter per box. Sponsor is solely responsible for the correct spelling.

Saint Barbara Greek Orthodox Church assumes no liability for incorrectly spelled names.

The cost is \$200 for each name. Kindly make checks payable to:

**Saint Barbara Greek Orthodox Church** and mail to:

**Saint Barbara Greek Orthodox Church**

**Attn: Memorial Garden**

**2200 Church Road**

**Toms River, NJ 08753**

**I assume responsibility for the correct spelling of the deceased's name on this form.**

\_\_\_\_\_

*Sponsor's Signature*