

REQUEST FOR ENGRAVING AT MEMORIAL GARDEN
FIRST PARISH OF WATERTOWN

To request the engraving of a name on the wall of the Memorial Garden please fill out this form or the printed version available at the Church. Either form is due by June 1 in order that the name be engraved by late summer.

Name: _____

Phone: _____

Email: _____

Please PRINT clearly the name(s) of person(s) to be memorialized and the person's birth and death years. Note: There is space on the wall for two names in a column. If you are requesting more than two names the other name(s) will be in the adjacent column(s) to the right.

Name (exactly as it should appear on the Wall) _____

Year of Birth _____

Year of Death _____

If submitting the paper version of this form send it by June 1 to

First Parish of Watertown
35 Church Street
Watertown, MA 02472
Attention: Memorial Garden Committee

Correspondence can also be sent to
office@fpwatertown.org

You will be notified when an engraving has been scheduled; at that time you will have an opportunity to confirm the correct spelling of the name(s). Submit your payment when you have received this notification AND you have confirmed the spelling of the name(s). Please make check payable to First Parish of Watertown and write Memorial Garden Engraving on the memo line; send your check to the above address. The current charge per name is \$500.00 subject to change.

Paid \$ _____