



34605 N. Tom Darlington Road
Scottsdale, AZ 85266
Ph. (480) 488-3384
Fx. (480) 488-0850

WALL PLAQUE APPLICATION

Wall Plaque: 1 Name Plate \$175

Note: a separate application must be filled out for each person being memorialized.

Applicant/Donator's Contact Information:

Relation to Deceased: _____

Address: _____

Phone Numbers: (h) _____ (c) _____

Name and History of Person to be Memorialized: (Limit- one person per plaque)

Last	First	Middle	Maiden
------	-------	--------	--------

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Spouses Name: _____

Name To Be Inscribed:

(First Line: limited to 15 letters and spaces)

(Second Line: limited to 11 letters and spaces)

Dates To Be Inscribed: (year only) Birth: _____ Death: _____

Applicant Signature: _____ Date: _____

Committee Member Name/Signature: _____ / _____ Date: _____