## The Columbarium of Eastport United Methodist Church

926 Bay Ridge Avenue, Annapolis, Maryland 21403

## HONOR AND REMEMBERANCE WALL INSCRIPTION ORDER FORM

(Please type or print clearly)

Subject to the	Rules and Regulations of the C	olumbaı	rium at Eastport United M	lethodist Chu	rch, I,
	am hereby request	_			
	to honor/memorialize my				
of the Church	as defined in the Church rolls.	(Relatio	nship, such as spouse, parent, child	d, self)	(cross out as needed)
•	e full amount of (\$300.00) pe on-refundable.	r individ	ual name or (\$500.00) pe	r couple must	accompany this form.
The engraved	inscriptions shall appear as foll	ows:			
Inscription f	or First Eligible Person:				
Name					
	(First, Last) (	OR (First, M	iiddle, Last) OR (First, Middle Init	ial, Last)	
Date of Birth		Date of Death			
( Month, XX, XXXX)			(		
Inscription f	or Second Eligible Person:				
Name					
	(First, Last) (	OR (First, M	iddle, Last) OR (First, Middle Init	ial, Last)	
Date of Birth(Month, XX, XXXX)			Date of Death		
			(		
determine the property right Columbarium	ing will be inscribed on the Hore e engraving style, size, and place ts are acquired by the Member a, and all therein, are at all time emorial items or flowers may be	cement of or their es under	of the inscription on the large Representative, and the the sole jurisdiction, own	Honor and Re Honor and Ro nership and co	membrance Wall. No emembrance Wall, ontrol of the Church. No
I certify that t	he above inscription text is corr	ect and a	any changes shall be mad	e at my expe	nse.
Signature		[	oate		
Authority for	request (check one) Men	nber	Member's Heir;	_ Executor;	Administrator
		DO NOT	WRITE IN THIS BOX		
	Received and Acknowledged	for the C	olumbarium Committee	by:	
	Name		Date		