

# MEMORIAL WALL INSCRIPTION ORDER FORM

CHILDREN'S MEMORIAL HEALING GARDEN  
CALVARY CEMTERY

INSCRIPTION COST: \$350 PER NAME  
INSCRIBE AS INDICATED BELOW (21-character limit)

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My Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

(signature required)

- The memorial Wall has been established for deceased children from gestation to 12 years old.
- I have enclosed a check of \$350 payable to Calvary Cemetery.
- Drop off or mail to the Parish Office at:  
1250 South Shore Drive  
Forest Lake, MN 55025
- Inscription Order Form Dates:  
Forms must be in by June 15<sup>th</sup> with estimated completion by August 1<sup>st</sup>.  
Forms must be in by September 15<sup>th</sup> with estimated completion by November 1<sup>st</sup>.