Memorial Plaque Order Form

2" x 9" Inscribed Bronze Plaque

Saint Raphael the Archangel Catholic Church

To See as Christ Sees and Love as Christ Loves

Date _____

Purchaser Name _____

Street Address _____

City, Sate, Zip Code _____

Phone _____

E-mail _____

Name on Plaque *ex.* | M | A | T | T | H | E | W | | C | . | | S | M | I | T | H | , | | S | R | . |

Note: Maximum of 26 spaces for name inscription counting spaces

Birth Date mm-dd-yyyy

		–			–				

Death Date mm-dd-yyyy

		–			–				

The above information has been checked for accuracy. _____

Signature of Purchaser

Return completed form and check to:

Saint Raphael Catholic Church
5801 Falls of Neuse Road
Raleigh, NC 27609

For St. Raphael Office Use

Plaque Price _____

Check Number _____

Amount Paid _____

Column _____

Row _____