

Memorial Candle Order Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail _____

Each candle is \$300.00 and will stay lit for one year (from the lighting month to the end of the same month the next year). Example; Dec 1, 2012 to Dec. 31, 2013. Starting thirty days before your candles' expiration date, you will have the opportunity to renew your dedication or choose to extinguish the flame.

Enclosed payment for one year: \$_____ cash – check – money order (circle one)

Make checks payable to St. Joseph Church. Payments, along with this order form must be made in the Parish Business Office. Please check the Memorial Candle Wall to choose where you want your candle dedication placed.

Date Received in Office: _____ By: _____

PLEASE PRINT CLEARLY

Choose a style: A B C D E F (CIRCLE ONE)

(A) *In Loving Memory of* **(B)** *In Honor of* **(C)** *Dedicated to the Memory of* **(D)** *A Remembrance Prayer for* **(E)** *Prayers of Thanksgiving for* or **(F)** *A Daily Prayer Offering for*

Dedicated by

Candle Location : if not chosen in person, please call the office as soon as possible.

Your candle will be lighted on _____ . Your candle will expire on _____ .