



BASILICA SHRINE OF ST. MARY

Application # \_\_\_\_\_

**MEMORIAL ORDER FORM**  
Basilica Shrine of Saint Mary  
Columbarium and Memorial Gardens

Purchaser Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I/we are submitting this application to purchase Memorial as described in the **Background and Policies for Use of the Basilica Shrine of Saint Mary Columbarium and Memorial Gardens** which I acknowledge have received and read. \_\_\_\_ (Initial)

Method of Payment \_\_\_\_\_ Paid in Full with Application Cash/Check/Credit Card  
\$500

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please print information exactly as you want it to appear on the inscription.

Name: \_\_\_\_\_

Optional #1 - 2<sup>nd</sup> line:

\_\_\_\_\_

Optional #2 - 2<sup>nd</sup> line:

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
(If known)

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**FOR OFFICE USE ONLY:**

**PAYMENT RECORD**

**DATE INSCRIBED:** \_\_\_\_\_

**PAID IN FULL:** \_\_\_\_\_