

Trinity Lutheran Church

2060 County Road 6, Long Lake, MN 55356

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Trinity Memorial Garden ENGRAVING ORDER

GRANTEE _____

PHONE _____

MEMORIAL WALL _____

NICHE ID _____

DATE FORM COMPLETED _____

ENGRAVING DATE _____

GRANTEE APPROVAL _____

TRINITY REPRESENTATIVE INITIALS _____

MEMORIAL WALL

(One form for each)

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Last Name

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First Name, Middle Initial *or* First Initial, Middle Name (opt. Year of Death)

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DOB-DOD or Second Name (opt. Year of Death)

For our records:

Birth (DOB) M/D/Y ____/____/____

Death (DOD) M/D/Y ____/____/____

Interment Location:

For our records:

Birth (DOB) M/D/Y ____/____/____

Death (DOD) M/D/Y ____/____/____

Interment Location: