

# Columbarium of First Presbyterian Church

3810 Robert Grissom Pkwy.  
Myrtle Beach, SC 29577  
(843) 448-4496

## PLAQUE INSCRIPTION ORDER FORM

Niche/Wall # \_\_\_\_\_

I request that the following information be inscribed on the niche or memorial wall for which I have purchased the rights to be used for cremated remains or memorial:

*First and Middle Name* \_\_\_\_\_

*Last Name* \_\_\_\_\_

*Date of Birth* \_\_\_\_\_ *Date of Death* \_\_\_\_\_  
(Month as JAN., FEB., MAR., APR., etc.) Date (XX) Year (XXXX)

If other than the Purchaser, I represent to the Church that I have the authority to make this request on behalf of the person listed above.

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Street

\_\_\_\_\_  
City, State Zip Code

Signature \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

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