MEMORIAL CANDLES SUBMISSION FORM

CONTACT INFORMATION

Your Name. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of loved one to be remembered on the name plate.

First Name. \_\_\_\_\_\_\_\_\_\_\_. Last Name. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

No additional words please. Name plate has limited space.

Example; In Memory

Of

Joseph Jones

In an envelope labeled “Memorial Candle “, please place the completed order form and a check for 150.00 made payable to St. Polycarp Church. Please place the envelope in collection basket at mass, return to Parish office or mail to the following address.

St. Polycarp Church

Parish Office

55 Ransom Lane

Smyrna, DE. 19977-1617