

THE VETERANS WALL *of* REMEMBRANCE

DO NOT MAIL OR
FAX THIS FORM

Honour your loved one's name on our beautiful community epitaph. Simply bring this completed form in person to the Arbor Funeral Home or Memorial Gardens Cemetery location nearest you before December 16, 2005.

Due to expected demand, inscriptions will be done on a "first come, first served" basis. As space is limited we reserve the right to limit the number of inscriptions per family, in fairness to all.

Family Member Signature, *please sign in person*

Information confirmed by Representative (signature)



**ARBOR MEMORIAL SERVICES
MEMORIAL GARDENS CANADA**

Corporate Office: 1-800-268-1504

Your Name: _____ Telephone: _____

Address: _____ Postal Code: _____

IMPORTANT: INSCRIPTION SPELLING MUST BE CONFIRMED & SIGNED FOR *IN PERSON*

FIRST Name(s) of Veteran:

LAST Name of Veteran:

Rank:

PRINT CLEARLY
LEAVE BOX BLANK TO INDICATE SPACES

FIRST Name(s) of Veteran:

LAST Name of Veteran:

Rank:

**Official Unveiling Ceremony
scheduled for Spring 2006**