

REMEMBRANCE PLAQUE INFORMATION

PLEASE PRINT

Remembrance Person: _____

Date of Birth _____ Date of Death _____

Contact Information:

Your name _____

Your mailing address _____

Your phone: Home _____ Cell _____

Your email _____

Payment: \$40 Cash _____ Check number _____

Make payment to: Town of Pitkin/Cemetery Fund

Received by: _____

Date: _____

(One form for each plaque)

If sending by mail: P.O. Box 9, Pitkin CO 81241