

PARENTS OF MURDERED CHILDREN – GREATER ORANGE COUNTY CHAPTER
MEMORIAL MONUMENT NAME INSCRIPTION ORDER FORM

To have the name of your loved one, whose life was lost to violent crime, added to the Memorial Monument, complete this form entirely and mail it to our P.O. Box. Once a year, we host a Candlelight Vigil and Names Dedication Ceremony during "Victims' Rights Week", usually in the month of April. At that time, names are dedicated and inscribed on a black granite marker. Please print all information:

YOUR NAME _____ HOME PHONE (____) _____
 ADDRESS _____ CELL PHONE (____) _____
 CITY _____ STATE _____ ZIP _____ - _____
 EMAIL _____
 LOVED ONE'S NAME _____ RELATIONSHIP _____ AGE _____
 LOVED ONE'S DATE OF BIRTH (MMDDYY) _____ DATE OF DEATH (MMDDYY) _____

1. Review the sample below. Fill in the box with your loved one's Year of Birth, Name, and Year of Death.
2. **Make checks payable to GOCPOMC.** We ask for a donation of \$60.00 per name. If you have any questions, please call (714) 999-7132.
3. Mail check and completed form to: **GOCPOMC**
14131 Woodlawn Ave.
Tustin, CA 92780
4. The monument is located at *Memory Garden Memorial Park, 455 W. Central Ave., Brea, California*. You will receive an invitation for the planned ceremonies.
5. Any names received after February 28th will be inscribed for dedication in the following year.

<p><u>NOTE:</u></p> <ul style="list-style-type: none"> - MAXIMUM OF 20 LETTERS (INCLUDING SPACES) - NO PUNCTUATION - NO QUOTATION MARKS - NO HYPHENS 	<p><u>SAMPLE:</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1964</td> <td style="width: 65%;">Jessica D Lange</td> <td style="width: 20%;">1991</td> </tr> <tr> <td>1968</td> <td>Mathew E Arnold</td> <td>1990</td> </tr> <tr> <td>1979</td> <td>T Jeffrey Thompkin</td> <td>1994</td> </tr> <tr> <td>1977</td> <td>Salvador M Del Garza</td> <td>1991</td> </tr> </table>	1964	Jessica D Lange	1991	1968	Mathew E Arnold	1990	1979	T Jeffrey Thompkin	1994	1977	Salvador M Del Garza	1991
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1977	Salvador M Del Garza	1991											

PRINT YOUR LOVED ONE'S YEAR OF BIRTH, NAME AS YOU WANT IT TO APPEAR, AND YEAR OF DEATH:

_____ YEAR OF BIRTH	_____ NAME (20 LETTERS MAX, INCLUDING SPACES)	_____ YEAR OF DEATH
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*If any part of the name is hard to pronounce, please write it as it sounds. It is very important to us that we say your loved one's name correctly at the dedication ceremony. _____

SIGNATURE _____ DATE _____

FOR COMMITTEE USE ONLY

Check # _____ Acct # _____	Date Received / Payment #1 _____ / _____ / _____
Bank Name _____ Routing# _____	Payment #2 _____ / _____ / _____
Acknowledgement letter sent _____	Payment #3 _____ / _____ / _____
Inscription # _____	Approved by _____