



APPLICATION FOR MEMORIAL PLAQUE
The Seaside Interfaith Chapel, Inc.
Garden of Remembrance

1. NAME OF PERSON TO BE MEMORIALIZED:

2. NAME OF APPLICANT (if different from name above):

3. APPLICANT'S RELATIONSHIP TO THE PERSON TO BE MEMORIALIZED:

4. EMAIL ADDRESS OF APPLICANT: _____

5. PHYSICAL MAILING ADDRESS OF APPLICANT:

Street Address: _____

Secondary Address: _____

City, State, Zip Code: _____

6. TELEPHONE NUMBER OF APPLICANT: _____

7. REGULARITY OF ATTENDING THE CHAPEL? _____ TIMES PER YEAR

__ OVER (How many?) _____ YEARS

8. Describe your relationship or your family's relationship to the Chapel:

9. Describe why the installation of a Memorial Plaque in the Garden of
Remembrance at the Chapel is important to you?

10. I request the following location for the Memory Plaque, if available: (check only one)

_____ Rear Wall (\$5,000.00) _____ Cenotaph (\$10,000.)

11. I agree to pay the above fee in the following manner:

_____ Check _____ Credit Card

12. Is the person to be memorialized on the Memorial Plaque deceased as of the time of the submission of this application? _____ Yes _____ No

13. If this application is approved, the following information is to be inscribed on the Memorial Plaque:

Name: _____

Year of Birth: _____ Year of Death: _____

14. At the time of submission of this application, do you know whether you intend to have a memorial service at the Chapel, which will require payment of an additional fee? _____ Yes _____ No _____ Unknown

By my signature below, I acknowledge and agree that should the Chapel approve this application for installation of a Memorial Plaque in the Garden of Remembrance, I have reviewed and will be obligated to execute the Agreement attached hereto as Exhibit "A".

Signature of Applicant

Date

EMAIL OR MAIL COMPLETED APPLICATION, AGREEMENT, AND PAYMENT TO:

Electronic:
Email: Not available at this time
Payment: <https://thechapelatseaside.com/donate/>

Regular Mail:
To: The Chapel at Seaside
Address: P.O. Box 4936
City, State, Zip Code: Santa Rosa Beach, FL 32459
Payment: Include payment with forms.