

# The Compassionate Friends Laser Engraved Memorial Brick Form

Name:	Address:	
_____	_____	
Email:	City:	
_____	_____	
Phone:	State:	Zip:
_____	_____	_____

## PLEASE PRINT NAME & DATES

Child's Name: (Name cannot exceed 18 characters including spaces)

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Child's Date of Birth (Ex. 03-21-84)

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Child's Date of Death (Ex. 01-06-95)

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Return Form To: The Compassionate Friends  
P.O. Box 6114  
Monroe, LA 71211

Make check payable to: Childrens Memorial Park  
Price of Brick: \$50.00