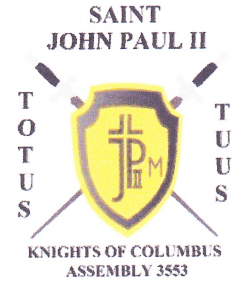


# Saint John-Paul II Assembly 3553 Memorial Remembrance



Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Council \_\_\_\_\_

1. Do you want a Memorial Remembrance? YES NO (circle one)
2. If yes, choose Recipient: PARISH/MISSION, PRIEST, or DIOCESAN NEED? (circle one)

Recipient \_\_\_\_\_

Address \_\_\_\_\_

Other means of contact \_\_\_\_\_

3. Type of memorial you wish given to the selection in #2 (circle one)

CHALICE      GOSPEL BOOK      SACRAMENTARY  
 VESTMENT      PROCESSIONAL CROSS      ALTAR DRESSING  
 OTHER - specify \_\_\_\_\_

*Maximum donation \$200.00*

4. Do you want the 4<sup>th</sup> Degree Color Corp to participate in your:

FUNERAL VIGIL      FUNERAL MASS      (circle one or both)

5. If you have Color Corp Regalia, would you like to donate to someone?

UNIFORM \_\_\_\_\_ SWORD \_\_\_\_\_

6. May the Faithful Admiral contact your survivor(s) to fulfill your wishes? YES NO

Sir Knight's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sir Knight's Wife or

Family-member Signature \_\_\_\_\_ Date \_\_\_\_\_