



ANGEL OF HOPE MEMORIAL APPLICATION

Applicant: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

By signing this application, I understand that:

- Bricks shall be the same style, material, color and size.
- All bricks shall contain a message in memory for or of a child who has passed away.
- Inscriptions shall be no longer than 45 characters long, including spaces.
- Brick installation shall happen twice a year. Orders received after October 1 and before June 1 will be installed in late June. Orders received after June 1 and before October 1 will be placed in late October.
- Brick installation date, brick location and method of installation are at the sole discretion of the Duluth Parks and Recreation Manager.

Applicant's Signature: _____ Date: _____

Select print the desired inscription below (max 45 characters including spaces):

<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Return form and payment of **\$75.00** to:
 Parks and Recreation - Memorials
 City Hall - 411 West 1st Street
 Ground Floor
 Duluth, MN 55802

Make checks payable to the City of Duluth – Parks and Recreation. Checks will be cashed once application is approved for bench installation. **For more information, call Parks and Recreation at 730-4300. Thank you for your interest in the City of Duluth Angel of Hope Memorial.**