**The Marion Memorial Garden Application**

Only deaths investigated as a homicide and ruled as such by law enforcement will be included.

Homicide is the willful, intentional killing of one human being by another.

**Applicant’s Name**

Last:

First:

**Applicant’s Address**

State/Zip Code:

City:

Street:

**Applicant’s Contact Information**

Alternate Phone #:

Phone #:

Email:

**Where/ when did the homicide occur?**

City/State:

Date:

**Loved One’s Name**

First:

Last:

Date of Birth:

**I am my loved ones\_\_\_\_\_\_\_\_\_\_\_\_ (spouse, mother, sister, son, friend, etc.)**

**How do you want your loved one’s name to appear on the droplet?**

**Do you want any dates on the droplet?**

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