



First Name* _____ Last Name* _____

Email* _____

Phone* _____ Your Birth Date* _____
mm/dd/yyyy

Street Address _____

Address Line 2 _____

City _____ State / Province / Region _____

ZIP / Postal Code _____ Country _____

About your loved-one taken by violent crime

Loved one's full name* _____

My loved-one's date of birth* _____
mm/dd/yyyy

My loved-one is my _____ (son, sister, friend, etc.)* I am my loved-one's _____ (son, sister, friend, etc.)*

Type of violent criminal homicide (shooting, etc.)* _____

Where did the homicide occur (city, state)?* _____

When did the homicide occur?* _____
mm/dd/yyyy

Brick Engraving Details (Limited to 22 characters including spaces)

How do you want your loved one's name to appear on the brick?*

Do you want to include any dates on the brick? (Please write out 1-2 digit month(s), 1-2 digit day(s), and four digit year(s) and separate two dates with a dash)

Do you want to add any special text or phrase on the brick?

*Required fields

If you have any questions, please contact Dianna,
NCVAN Memorial Garden Coordinator,
at 919-831-2857 x 106 or dianna@nc-van.org.

Please mail completed form to: NCVAN Dianna T. Benson
PO Box 32173 Raleigh NC 27622