

Bells of Casimir

Memorial Request Form



The Carillon of the Casimir Cultural Center will play in memory of your loved one on the date chosen.
It will toll the hour (either noon or 6pm), ring a 3 Bell Peal and play 3 songs.

Name: _____

Address: _____

E-mail Address: _____

Phone Number: _____

Name of Person for Memorial: _____

Date of Memorial (Please list three possible dates): _____ Noon or 6pm: _____

Song Request (Please choose 3 songs from the list, in order of preference. If it is a custom request, due to the song not being listed, please know that there will be an additional fee for recording(s). We also may not be able to fulfill a specific request due to timeframe and availability of music, but will make every effort to meet your request.):

1. _____ 2. _____ 3. _____

____ By initialing, I acknowledge that every effort will be made to meet my requests. If my request falls on a movable holiday (Palm Sunday, Holy Thursday, Good Friday, Easter, Hannukah, Passover, Mother's Day, Father's Day, Memorial Day, Labor Day, Thanksgiving, etc.), I acknowledge that an appropriate song may be substituted.

Signature

Date

Please return this form to:

Stella Property Development and Event Production

419 ½ Brallier Place

Johnstown, PA 15906