Hillside Cemetery Columbarium
Niche Front Engraving Request

UNIT # _____
NICHE # _____

Please fill in the following form, only one letter per box. If the name to be engraved exceeds the number of boxes provided, please contact the City Clerk's Office at 810-329-7121

Last Name

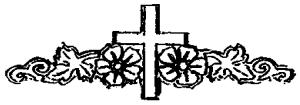
First name

Year Birth-Death –

First Name

Year Birth-Death –

EMBLEM DESIRED:
(choose only one)

- ☐ Wild Rose 
- ☐ Cross & Wild Rose 
- ☐ Cross 
- ☐ Flag 
- ☐ NONE

Return this form to the City Clerk's Office, 547 N. Carney Drive, St. Clair, Michigan 48079

Please sign and date this form below, verifying that the above is what you want engraved on the niche front.

Signature _____ Date _____

Address _____ Telephone _____

City/State/Zip _____ Email _____

Office use only:

DPW Reviewed by: _____ Engraver Reviewed by: _____

Signature Signature