SIGN UP FORM FOR ADDED A NAME TO THE SECOND FAIRFIELD QUILT
(Person to be remembered must be deceased.)

NAME OF PERSON TO BE REMEMBERED: _____
BIRTH YEAR: _____ **DEATH YEAR:** _____
INFORMATION YOU WOULD LIKE TO ADD ABOUT THE INDIVIDUAL BEING REMEMBERED: _____
_____
_____
_____

NAME OF PERSON TO BE REMEMBERED: _____
BIRTH YEAR: _____ **DEATH YEAR:** _____
INFORMATION YOU WOULD LIKE TO ADD ABOUT THE INDIVIDUAL BEING REMEMBERED: _____
_____
_____
_____

NAME OF PERSON TO BE REMEMBERED: _____
BIRTH YEAR: _____ **DEATH YEAR:** _____
INFORMATION YOU WOULD LIKE TO ADD ABOUT THE INDIVIDUAL BEING REMEMBERED: _____
_____
_____
_____

YOUR NAME: _____
ADDRESS: _____
_____
PHONE #: _____

ENCLOSE $5.00 FOR EACH NAME. MAKE CHECKS PAYABLE TO THE "CITY OF FAIRFIELD".

RETURN FORM TO: **MARY ELLEN ROGAN MARQUESS**
P. O. BOX 42
FAIRFIELD, KY 40020
502-252-5171