

**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**