

Remembering Your Loved One

The Garden of Peace is a Massachusetts memorial to victims of homicide, a special place where families, friends, and the greater community can remember and celebrate the lives of those taken by violence. It is a living reminder of the impact of violence and a visual testament to the need for eliminating violence. The Garden is a symbol of hope for peace and renewal in our lives, our community, and the world.

We invite you to add the name of a victim you know to this memorial.

A victim's name will be incorporated into the Garden by written request only and with the family's permission.

There are approximately 700 names engraved on the river stones in the Garden, and sadly there are no more available stones in the riverbed. Future engraving of names will be added to the flat wall surface located inside the Garden.

APPLICATION GUIDELINES

* **Connection to Massachusetts:** Because the Garden of Peace is a Massachusetts memorial to homicide victims, it is expected that there is a connection to Massachusetts - either the victim or survivors resided here; or the victim was here at the time of the crime.

* **Confirmation from family:** All requests will be cleared through family members before engraving in an effort to confirm the family's desire to engrave a name on the wall inside the Garden.

* **Completed application:** No victim's name will be added without a completed application form on file. Each engraving contains the same information: victim's name, date of birth and date of death.

* **Payment:** The \$100 payment to cover the expense of engraving may be made by friends, family members, or others. The payment covers the cost of engraving and installation. It is important to us at the Garden of Peace that all engraving requests be honored; therefore, no request will be turned away. We do ask that at least some payment accompany the request. If you are unable to include the entire payment at this time, please submit the form regardless and someone will contact you about possible financial assistance and payment plans.

Engravings are done once a year in coordination with the annual Honor Program.

Deadline for engraving in the current year is August 15th.
Requests received later than August 15th, will be held over for engraving in the following year.

To add the name of a victim to the Garden of Peace:

Please print and mail completed form along with your payment of \$100 to:

Garden of Peace
PO Box 8382
Boston, MA 02114

We will contact you to verify inscription information. If you have not heard from us within a week, please call 617-523-0402 or send an email to info@gardenofpeacememorial.org to confirm that your application has been received.

The Stories Behind The Names

Behind the names in the Garden are the stories of our loved ones. Once headlines of the homicide fade away, these victims are sometimes forgotten by all but their families.

It is important that we tell the stories of the lives they lived. So that we can all remember what has been lost.

By sharing the stories of our loved ones, we ask the world to remember their lives. We hope that these stories will inspire all of us to work for a world of peace filled with hope.

The Garden of Peace is launching a new initiative, The Stories Behind The Names. Volunteers will work with families to help tell the story of their loved ones. The stories will appear on the Garden of Peace website and through educational efforts.

You can learn more about this initiative and how you can tell your personal story, by visiting the Garden's website.

Please note that only stories about homicide victims who are memorialized in the Garden of Peace will be included.



the
GARDEN OF PEACE
A MEMORIAL TO VICTIMS OF HOMICIDE

APPLICATION FORM

PLEASE NOTE: no victim's name will be added to the Garden of Peace without a completed form on file.

* My Name: _____

* Address: _____

* City: _____

* State: _____

* Zipcode: _____

* Daytime Phone: _____

Evening Phone: _____

* The victim was my: _____

* E-mail: _____

Inscription

Please list below exactly how you would like your loved one's name to appear.

* Victim's Name: _____

* Date of Birth: _____

* Date of Death: _____

* Massachusetts Connection for Survivor:

MA Birthplace _____ Family's Residence _____

Hometown _____ Place of Death _____

* Massachusetts Connection for Victim:

MA Birthplace _____ Family's Residence _____

Hometown _____ Place of Death _____

Payment Options

Please confirm details regarding your payment:

- \$100 payment for engraving _____

-Additional tax-deductible contribution of _____

-Need to speak with someone regarding payment plan or financial assistance _____

Payment Method

- Enclosed is my check in the amount of \$100.00. _____

-I will make a payment with my credit card online _____

-Please contact me to discuss _____

