



CITY OF BETHLEHEM

10 East Church Street, Bethlehem, Pennsylvania 18018-6025

Bureau of Urban Forestry

www.bethlehem-pa.gov

Phone: (610) 865-7073

MEMORIAL TREE PROGRAM APPLICATION

Applicant Information

DATE _____

PRINT INDIVIDUAL/
ORGANIZATION NAME _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME TELEPHONE # _____

Applicant Signature

Tree Information

Applicants to purchase tree from a nursery of their choice. Please see city of Bethlehem approved tree list for selection. For assistance in selecting an appropriate tree and location, contact the City Forester.

Please check one. TREE () SHRUB () QUANTITY _____

SPECIES/VARIETY _____

REQUESTED PARK _____

NURSERY _____

TELEPHONE NO. _____

ADDRESS _____

Plaque Information

REQUESTED INSTALL DATE _____

In Memory of () In Honor of () Dedicated To () : _____

PLAQUE INSCRIPTION (please print) _____

FOR CITY USE ONLY

APPROVED BY _____

DATE _____

COMMENTS _____