

CENTRAL UNITED METHODIST CHURCH MEMORIAL GARDEN
APPLICATION FOR INTERMENT OF ASHES

I hereby request the interment of the ashes of _____
(First Middle Last Name as it will appear on bronze marker)

_____, _____ in the CentralUnited Methodist Church Memorial
(Date of Birth) (Date of Death)
Garden and attach a remittance of \$ _____ in confirmation thereof. Interment will be as follows:

(Select One) _____ Plot _____ Scattering

The following persons are responsible for carrying out my wishes as expressed above:

1. _____
(Name) (Telephone Number)

(Address) (City, State, Zip)

2. _____
(Name) (Telephone Number)

(Address) (City, State, Zip)

I have read and do agree to all policies governing the CentralUnited Methodist Church Memorial Garden. I have made these policies known to the persons named above, and they understand that my signature hereto is binding on them.

Signature of Applicant (or Representative) Date

Signature of Witness Date

Please do not write below this line – for Memorial Garden Committee use.

The CentralUnited Methodist Church Memorial Garden Committee acknowledges receipt of the above application and the sum of \$ _____ for the interment of the ashes of :

Name of person to be interred

The CentralUnited Methodist Church Memorial Garden Committee agrees to inter the ash remains when they are presented and to furnish an individual bronze nameplate.

Date of Death Memorial Garden Committee Representative

Date of Interment Trustee

Plot Number / Date Scattered