

CENTRAL UNITED METHODIST CHURCH MEMORIAL GARDEN
APPLICATION FOR PLACEMENT OF NAME ON PLAQUE (NO INTERMENT OF ASHES)

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

name on the bronze marker in the Central United Methodist Church Memorial Garden and attach a
remittance of \$ _____ in confirmation thereof.

My relation to the above named person is _____,

The following dates should be included:

(Date of Birth)

(Date of Death)

I have read and do agree to all policies governing the Central United Methodist Church Memorial Garden. I have made these policies known to other family members, 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 Central United Methodist Church Memorial Garden Committee acknowledges receipt of the above application and the sum of \$ _____ for the placement of the name of the following individual on the bronze marker :

Name of person to be included on the bronze marker

The Central United Methodist Church Memorial Garden Committee agrees to furnish an individual bronze nameplate for the above named person.

Date of Birth

Memorial Garden Committee Representative

Date of Death

Trustee

Date