

CENTRAL UNITED METHODIST CHURCH MEMORIAL GARDEN
RETURN OF INTERMENT RIGHTS

I hereby request the transfer of interment rights of _____
(First Middle Last Name)

back to Central United Methodist Church.

Signature of Original Applicant (or Representative) *Date*

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 interment rights for:

Name

The Central United Methodist Church Memorial Garden Committee will make these rights available to other eligible individuals.

Date

Memorial Garden Committee Representative

Date

Trustee