

# First United Methodist Church Memorial Garden Application for Interment of Ashes

I hereby request the interment of the ashes of \_\_\_\_\_,  
(Name as you would like it to appear on bronze marker)

\_\_\_\_\_, in the First United Methodist Church Memorial Garden  
(Date of birth)

and attach a remittance of \$ \_\_\_\_\_ in confirmation thereof.

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 First United 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 Executor/Executrix) \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Witness \_\_\_\_\_ Date

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

The First United Methodist Church Memorial Garden Committee acknowledges receipt of the above application and the sum of \$500.00 for the interment of the ashes of:

\_\_\_\_\_  
*Name of person to be interred*

The First United 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* \_\_\_\_\_ *Senior Pastor*

\_\_\_\_\_  
*Plot Number* / \_\_\_\_\_ *Date*