



Request for the Memorial Garden

NAME: _____

Circle One Male/Female

DATE OF BIRTH: ____/____/____ DATE OF DEATH: ____/____/____

Request the following: (check as appropriate)

_____ Inscription on the wall of the Memorial Garden

_____ Placement of cremated remains in the Memorial Garden

A check made payable to the **First Presbyterian Church**, Memorial Garden Fund for a suggested contribution of \$300 is attached to this request. I have read and agree to abide by the regulations governing use of the Memorial Garden. Contributions are nonrefundable.

SIGNATURE: _____ DATE: ____/____/____

The following person(s) has/have been made aware of this request for the placement of cremains and/or inscription on the Memorial Wall and has/have full responsibility for their fulfillment:

NAME(1): _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP: _____ DATE: _____

NAME(2): _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP: _____ DATE: _____

BOARD ACTION

This request is approved by the Memorial Garden Board subject to the regulations of the Memorial Garden, and this form will be preserved in a permanent file at the First Presbyterian Church with a duplicate being sent to the applicant or his/her representative.

APPROVED BY: _____ DATE: _____