

**MEMORIAL GARDEN
APPLICATION**

For the Interment of Ash Remains in the *Episcopal Church of the Holy Family Memorial Garden*

I hereby request the right to spread/or inter (circle one) the ash remains of:

_____ [print name as desired on marker]

in **plot** _____, **section** _____ of the ***Holy Family Memorial Garden*** and attach a contribution of \$300.00, for two persons in confirmation of the deposit.

I have read and do agree to each of the attached regulations governing the garden. I have made these regulations known to the person(s) named below and they understand that my signature hereto is binding on them.

Signed _____

Date of Birth _____

Date _____

Place of Birth _____

Signed _____

Date of Death _____

Name(s) of person(s) responsible for carrying out my wishes as expressed above:

Name _____ Telephone No. _____

Address _____

City _____ State _____ Zip Code _____

Name _____ Telephone No. _____

Address _____

City _____ State _____ Zip Code _____

**Episcopal Church of the Holy Family
202 Griffith Road
Jasper, Georgia 30143
770-893-4525**