



# Memorial Garden Application

I hereby request the Interment of the Ash Remains of

\_\_\_\_\_ *(enter name as desired on nameplate)*

in the St. Aidan's Memorial Garden and attach a remittance of \$ \_\_\_\_\_  
in confirmation thereof / as a deposit therefore.

I have read and do agree to each of the attached "regulations" governing the Garden. I understand these regulations myself and 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 \_\_\_\_\_

Witness \_\_\_\_\_

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

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Street \_\_\_\_\_ (W) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Street \_\_\_\_\_ (W) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## OFFICE USE ONLY

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Interment \_\_\_\_\_  
*(if known)* *(if known)*