

CHURCH OF THE NATIVITY MEMORIAL GARDEN REGISTRY AND AGREEMENT

NAME OF DECEASED: _____

ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____

ASHES:

INTERRED DATE: _____ SCATTERED DATE: _____

OFFICIATING PRIEST: _____

NEXT OF KIN CONTACT
NAME _____

ADDRESS _____

PHONE _____

FEES:

MEMORIAL PLAQUE \$ _____ Date Ordered _____ Date Installed _____

MARKER \$ _____ Date Ordered _____ Date Installed _____

ADVANCE SITE RESERVATION \$ 1,500.00 Date Paid: _____

Optional donations:

Suggested

RECTOR HONORARIUM \$ _____ \$100

ORGANIST HONORARIUM \$ _____ \$100

DONATION \$ _____ \$500

COMMENTS: _____

I acknowledge that I have received a copy of the Policy Statement for the Church of the Nativity's Memorial Garden. I further acknowledge that I have read, understand and agree to the policies outlined in that document and that I assume responsibility for all the fees associated with the placement of remains in the Memorial Garden.

Date

Signature