ST. JOSEPH OF ARIMATHEA MEMORIAL GARDEN APPLICATION

For the Interment of Cremains in the St. Joseph of Arimathea Memorial Garden

Date

I hereby request the Interment of the Cremains of

(Name) print name as desired to be stamped on the Memorial Garden nameplate.

in the St. Joseph of Arimathea Memorial Garden and attach a remittance of $ as confirmation thereof, **or** of $ ($100 or more) as a deposit with the understanding that the balance of $ is due before interment or three (3) years from the date of this Application.

I have read and do agree to each of the attached “regulations” governing the Memorial 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

Witnessed by:

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

Name Telephone number Street City/State Zip code

Name Telephone number Street City/State Zip code

Please mail this form with a deposit ($100 or more) or payment in full to:

St. Bartholomew’s Episcopal Church

Memorial Garden

2897 N Druid Hills Rd.

#508

Atlanta, GA 30329