

Westminster Presbyterian Church Memorial Garden

APPLICATION FOR RESERVATION OF SPACE

Date _____

The undersigned applies for use of space in the Memorial Garden wall, subject to the approval of the Memorial Garden Committee and the Session of Westminster Presbyterian Church, PC(USA).

I submit herewith the sum of \$ _____ with the understanding that if my application is not accepted this money will be returned to me.

Name of person to be inurned (as the name should be etched on the front of the niche):

Last

First

Middle Name, Middle Initial, or Maiden Name

Date of Birth _____ Place of Birth _____

Member of Westminster Presbyterian Church () Yes () No

Name of Applicant _____

Permanent Address _____

Street

City

State

Zip

Seasonal Address _____

Street

City

State

Zip

Telephone _____ Member of Westminster Presbyterian Church () Yes
() No

Relationship of applicant to person to be inurned: _____

Funeral home being used: _____

The undersigned acknowledges receipt of a copy of the Policies governing the Memorial Garden, reading them, and understanding the terms and conditions set forth therein, and agrees to be bound by them as now written and subject to future changes.

Date _____ Signed _____

Note: Memorial Garden Committee will assign spaces, close to preferred location, based on availability and priority.

Return completed form to the church at 533 S. Walnut St., Springfield, IL 62704