

**ST. JOHNS EPISCOPAL CHURCH COLUMBARIUM
APPLICATION FOR USE OF THE MEMORIAL GARDEN**

Applicant's Full Name: _____
(First) (Middle) (Last)

Applicant's Date of Birth: _____
(Month/Day/Year)

Address: _____
(Street) (City, State, Zip Code)

- I wish to enter into a covenant with St. John's Episcopal Church for use of the raised Memorial Garden in its Columbarium for the interment of my ashes.
- In my capacity as family or legal representative, I submit this application for use of the raised Memorial Garden in St. John's Columbarium for interment of the ashes of:

(Last) (First) (Middle)

Date of Birth: _____ Date of Death: _____
(Month/Day/Year) (Month/Day/Year)

I have the necessary authority to execute a Covenant for Use of the Memorial Garden for the above named individual. (Documentation of authority must be attached.)

The undersigned applicant acknowledges receipt of a copy of the Policies & Procedures established by the Columbarium Board of Trustees and agrees that acceptance of this application and execution of a Covenant for Use of the Memorial Garden shall be subject to these Policies & Procedures and any subsequent amendments thereto.

Signature of Applicant: _____ Date: _____
(Month/Day/Year)

Approved by: _____ Date: _____
(Month/Day/Year)

Rector Initials _____ Date _____ Columbarium Trustee Initials _____ Date _____