



Application for Interment in the Memorial Garden of the Unitarian Universalist Congregation of Asheville	
Today's date:	Is this a pre-order for a future interment?** <input type="checkbox"/> Yes <input type="checkbox"/> No
Please PRINT name of deceased as it is to appear on the memorial plaque:	
Date of birth:	Date of death:
Place of birth:	Place of death:
Relationship of deceased to congregation:	
Father's name:	
Mother's maiden name:	

More surviving family member information on back.

The undersigned hereby applies for permission to inter the ashes of the deceased in the Memorial Garden of the Unitarian Universalist Congregation of Asheville.	
Signature:	Date:
Printed name:	
Relationship to deceased	

The Unitarian Universalist Congregation of Asheville hereby grants permission for interment of ashes in its Memorial Garden as requested above and acknowledges receipt of \$400. Please make check payable to "Memorial Garden of UUCA."

PLEASE COMPLETE BACK OF FORM

**If you are making this arrangement for yourself, please be sure to notify your surviving family/friends who hold healthcare or durable powers of attorney that you have plans for your interment/disposition of ashes. In addition to providing a copy of this form to your attorney, also provide copies to family/friends and include this with your other end-of-life documents.

Please be kind to your descendants who may someday be looking for more information about you and your family by listing survivors such as your spouse, children, grandchildren, siblings or any others you feel might be relevant.

Name	Relationship	Full Address

For office use:

<input type="checkbox"/> Money received on this date:	Form of payment:
<input type="checkbox"/> Minister notified of interment request	
<input type="checkbox"/> Name plaque ordered	
Date ashes received:	
Date ashes interred:	
Date name plaque mounted:	