**Application for Interment**

**St. Bartholomew’s Memorial Garden**

I/we hereby request permission to have the cremated remains of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ placed in the Memorial Garden of St. Bartholomew’s Episcopal Church in High Springs, Florida.

 I have read and agree to abide by the St. Bartholomew’s Memorial Garden policies and procedures. On behalf of myself and my heirs, I release St. Bartholomew’s Episcopal Church of High Springs, Florida its members, its employees, Mission Board, and Vicar(s) from any liability arising out of the operation and administration of the Memorial Garden. I recognize that the Memorial Garden is not a cemetery or columbarium, and, as outlined in the Memorial Garden Policy, waive all claims to the Memorial Garden.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data for Engraving on Name plaque in Church.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (as it is to appear on the Church memorial plaque—PLEASE PRINT NEATLY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 date of birth date of death

The associated fee of $500 for memorialization has been \_\_\_\_\_\_paid \_\_\_\_\_not paid

Church treasurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_