

**PREARRANGEMENT APPLICATION
FOR THE INURNMENT OF ASH REMAINS
HOLY CROSS EPISCOPAL CHURCH MEMORIAL GARDEN
5820 MYRTLE GROVE ROAD
WILMINGTON, NC 28409**

Date: _____

I, (print) _____, hereby request the inurnment of my ash remains in the Holy Cross Memorial Garden and attach the required payment as listed in the Fee Schedule in confirmation thereof. The balance is due when preparations are made for the inurnment.

I wish to purchase a single niche _____ or a double niche _____. If a double niche, Name of other person to be inurned. _____

I have read and do agree to every one of the attached guidelines governing the Holy Cross Memorial Garden. I have made these guidelines known to the person(s) named below and understand that my signature hereto is binding on them. I understand that the Memorial Garden Committee may implement rules in addition to the attached guidelines and that for good cause the Committee may change those rules and the attached guidelines in the future.

Signed: _____

Date of Birth: _____ Witness: _____ Date: _____

Preferred Niche Location: _____ 2nd location desired _____

Names of persons responsible for carrying out my wishes as expressed above:

Name: _____ Telephone No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Telephone No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Telephone No. _____

Address: _____

City: _____ State: _____ Zip Code: _____