**MEMORIAL GARDEN APPLICATION**

**for interment of ashes and plaques/placement of memorial plaque**

Surname of deceased (block letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Christian Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation to Deceased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick

Fee: $700.00 (interment and plaque)

$300 (plaque only)

I hereby signify my wishes that the cremated remains of the above be interred in the Memorial Garden at St. Bede's Church, Semaphore, I agree to pay the above fee and unreservedly accept the terms and conditions applying.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the words you want in the plaque (approximately 5 lines as in the example). and return this form to the Parish Office

**IN LOVING MEMORY OF**  ……………………………………………  
**THOMAS JOHN SMITH ………………………………………………..**  
**23.22.1926-13.08.2002 ………………………………………………..**  
**IN GOD’S CARE ……………………………………………….**