

Unitarian Universalist Congregation of Phoenix
Memorial Garden
Interment Application

Please furnish the following information, which will be filed with the Memorial Garden Record for the person named.

NAME: _____
 first middle last

Desired location for the cremated remains to be placed (scattered to the wind, in selected quadrant, next or near to...under...tree?)

DATE OF UU MEMBERSHIP (if applicable): _____

HISTORY: DATE OF BIRTH: _____ PLACE: _____

SURVIVORS: _____

MINIMUM DONATION REQUIREMENTS:

Additional donations, earmarked for The Memorial Garden Trust Fund, will accrue for the future benefit of the Memorial Garden maintenance and future improvements, and would be appreciated. Please indicate "In Honor of" in the check memo lines.

\$500 for the Memorial Garden Trust Fund. Check to "UUF."

\$500 for the current Memorial Garden operating budget. Check to "UUCP."

Optional \$150 for a bronze name plaque. Check to "UUCP."
Please indicate how you wish the name strip to appear.

Name _____
Please Print (26 characters & spaces maximum)

DATE OF DONATION: _____ AMOUNT: _____

Date of Interment: _____

Submitted by: _____ Relationship: _____

Address: _____ Telephone: _____

Received by: _____ Date: _____