

# Luther Rose Memorial Garden

Glory Lutheran Church

## Application / Purchase Agreement

I, \_\_\_\_\_ of  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
designate the cremains of

\_\_\_\_\_  
(Name)

to be  inurned or  scattered.

The purchaser agrees that: (initial)

\_\_\_\_\_ Once the ashes are scattered the cremated remains of the deceased are not recoverable.

\_\_\_\_\_ Biodegradable urns will be used for inurnment of cremains and once the biodegradable urns are buried they are not recoverable.

\_\_\_\_\_ No fresh or artificial flowers shall be placed in the Memorial Garden at any time. If so placed, the Memorial Garden Team reserves the right to remove and dispose of such without notice.

\_\_\_\_\_ No ornaments, articles, emblems or other decorations shall be placed in the Memorial Garden at any time. If so placed, the Memorial Garden Team reserves the right to remove and dispose of such without notice.

\_\_\_\_\_ Location of inurnment or scattering of cremains will be determined by the Memorial Garden Team in consultation with the representative of the deceased.

The Memorial Garden will be maintained in a manner determined by the Team and there is no expectation that the Memorial Garden will be maintained into perpetuity.

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Print full name of deceased as to be casted on plaque:

\_\_\_\_\_

Deceased date of birth: \_\_\_\_\_

Deceased date of death: \_\_\_\_\_

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Fees: (initial one)

\_\_\_\_\_ \$700 For the burial of cremains or scattering of ashes and plaque

\_\_\_\_\_ \$500 Memorial plaque only

Additional Fees:

Please contact the church office if you wish to secure the church facility for a funeral or Celebration of Life service and for the suggested honorarium for the presiding Pastor.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Date Year

Applicant Signature: \_\_\_\_\_

Glory Lutheran Church Representative: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Paid Date: \_\_\_\_\_ Inurnment/Scattering Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_