

**FIRST PRESBYTERIAN CHURCH OF PALO ALTO  
MEMORIAL GARDEN  
REQUEST FOR PLAQUE PLACEMENT/DISPOSAL OF ASHES**

Name of person making request \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

Name of deceased as it should appear on the plaque (please print)

\_\_\_\_\_

First	Middle Name or Initial	Last
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Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Did this person complete a Pre Need Application. Yes \_\_\_ No \_\_\_

I request that a Memorial Plaque be ordered and installed on the Memorial Garden wall

Location # \_\_\_\_\_ next to \_\_\_\_\_ (if desired)

Do you want arrangements for interment /scattering to be made? Yes \_\_\_ No \_\_\_

**CERTIFICATION**

1. I hereby certify that I am the person who is legally entitled to control the cremated remains of the deceased person named above.
2. I hereby certify that the cremated remains I will present for interment are those and only those of the deceased person named above.
3. I have received a copy of the POLICIES AND PROCEDURES for the First Presbyterian Church Memorial Garden, dated April 21, 2021. I have read them and will abide by all the provisions as set forth therein.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Approved by Pastor, First Presbyterian Church Date:

\_\_\_\_\_  
Name of Clergy who will perform interment Date of interment

Donation already received? Y/N Now enclosed? Y\_\_ N\_\_ check # \_\_\_\_\_ Credit Card \_\_\_\_\_

Check should be made out to First Presbyterian Church of Palo Alto with notation "Memorial Garden Fund - (name of deceased)"