

Trinity Memorial Gardens and Columbaria

INURNMENT AGREEMENT

Grantee named below hereby reserves the right to use the Inurnment Site designated below in the Trinity Memorial Garden for the sole purpose of Inurnment of the Ashes of the Grantee, or, at the sole election of the Grantee, the Ashes of the persons designated ("Designated Persons") for the sum of \$3,500.00 _____, receipt of which is hereby acknowledged. Engraving fees are separate and will be billed as such. Specific urns for the columbarium are additional as well at a cost of about \$100.00. Grantee acknowledges by his or her signature below that this Agreement is subject to the Policies and Procedures for the Garden, attached to this Agreement. Grantee hereby acknowledges that he/she has reviewed the Policies and Procedures and agrees to abide by them.

This agreement may be cancelled by Grantee upon delivery of written notice of cancellation to the Church within three business days from the date hereof. Upon such cancellation, the grantee may receive full return of payment from the Church. The Agreement may not be cancelled if there has already been an Inurnment.

This Agreement is executed by the Grantee on (date) _____, and will become effective when accepted by the church.

(Signature of Grantee)

(Printed name)

(Signature of Grantee)

(Printed name)

Accepted by the Church on (date) _____

By: _____

Niche ID _____

Title: _____

Payment Record: Check# _____ Date _____

Donation: Check# _____ Date _____

Grantee

Name _____

Address _____

Phone _____

Email _____

Closest Relative or Executor

Name _____

Address _____

Phone _____

Email _____

Relationship _____

Designated Persons: Eligible Person who may be inurned in the designated site in lieu of or in addition to the Grantee

Designated Person #1

Name _____

Address _____

DOB/Relationship _____

Date Inurned _____

Designated Person #2

Name _____

Address _____

DOB/Relationship _____

Date Inurned _____

Designated Person #3

Name _____

Address _____

DOB/Relationship _____

Date Inurned _____

Designated Person #4

Name _____

Address _____

DOB/Relationship _____

Date Inurned _____

Notes