

APPLICATION FOR INURNMENT RIGHTS IN MEMORIAL GARDEN WESTLAKE HILLS PRESBYTERIAN CHURCH

Date: _____ Assigned Site: _____ Inground _____ Niche _____

Name of Person(s) to be inurned or memorialized: Last, First, Middle - PLEASE PRINT CLEARLY

Person 1: _____

Date of Birth: _____ *Date of Death: _____

*Person 2: _____

Date of Birth: _____ *Date of Death: _____

Contact Information:

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Information for Individuals authorized to act on behalf of the applicant

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Legal heirs or representatives other than the above-named individual may be recognized to and act on my (our) behalf if they are so established by due process of law.

Payment of Fees

I (we) agree to the payment of fees for the Rights of Inurnment, as set forth in section 4.0 of the attached Rules, Regulations, and Policies

Received: \$ _____ Paid in full _____ or over time _____ Ck# _____ CC# _____

Rules, Regulations and Policies

I (we) affirm that we have read and agree to the Rules, Regulations and Policies of Memorial Garden, Westlake Hills Presbyterian Church, which are presented hereto and made part of this application. I (we) understand that if the application is approved my (our) use of the assigned space is always subject to these Rules, Regulations and Policies.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

The requested Site is hereby confirmed as available and assigned to the applicant Memorial Garden Administrator: _____ Date: _____

*As applicable