

**AVON LAKE UNITED CHURCH OF CHRIST**  
Avon Lake, Ohio

Memorial Garden Application (for pre-planning)

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

Full name of person whose ashes are to be scattered:

\_\_\_\_\_

Maiden name: \_\_\_\_\_

Current address: \_\_\_\_\_

\_\_\_\_\_ Church Member

\_\_\_\_\_ Non-Member

\_\_\_\_\_ I have completed a Funeral Planning Form for Avon Lake UCC; the minister has a copy.

Next of kin or closest friend: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Paid fees in the amount of \_\_\_\_\_ Check # \_\_\_\_\_

I certify that I have read and shall abide by the Memorial Garden Guidelines.

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

The signed copy to be kept in the church office.