

**CHURCH OF THE GOOD SHEPHERD
APPLICATION FOR GRAVEYARD PLOT (ASH REMAINS)**

Name: _____

Address: _____

Phone: _____

Family Contact: _____ Phone: _____

I/we hereby request the purchase of Block # _____, Lot # _____, in the Church of the Good Shepherd Graveyard, which can contain up to 2 ash remains. I/we attach a remittance of \$ _____ in confirmation thereof.

I/we have read and do agree to the Policy and Regulations governing the Church of the Good Shepherd Graveyard, Columbarium, and Memorial Garden. Initials: _____

Applicant Full Name: _____ Date of Birth: _____
(please print)

Applicant Signature: _____ Date: _____

Applicant Full Name: _____ Date of Birth: _____
(please print)

Applicant Signature: _____ Date: _____

ACCEPTANCE

The Church of the Good Shepherd acknowledges receipt of the Application of _____

along with the sum of \$ _____ in confirmation thereof.

Permission is hereby granted, subject to the Policy and Regulations of the Church of the Good Shepherd Graveyard, Columbarium, and Memorial Garden, for interment in the Graveyard. The Church agrees to maintain a permanent record of the location of interment in the Church files as specified in the Policy and Regulations.

Accepted by: _____ Date: _____

Check # _____ or Paid by _____