The United Church of Rowayton, Inc. Memorial Garden Application

Request for Space

Please find the attached check for \$_____ to reserve space and perpetual care in Circle ____, Marker # _____ of the United Church of Rowayton's Memorial Garden, subject to its policy, dated May 15, 1994.

Engraving as Follows:

Please print one letter per space (maximum usually limited to 21 spaces)

Name												
Year of Birth	/De	ath]					

The engraving of the Memorial Marker, and the interment of urns, is an additional cost.

Placement of Ashes

Please indicate choice

I would prefer:

Ashes to be interred before Memorial Service.

Ashes are to be scattered in the Memorial Garden.

A Memorial Marker without ashes.

NOTE: Urns or containers will be interred in the lawn or garden next to the Memorial Marker.

For Entry in the Memorial Book Maintained by the Church

Date of birth	City & state
Date of marriage	City & state
Date of death	City & state
<i>Request made by:</i> Name/Signature	Date Phone
Address	City/State/Zip
Approval of Request for Space	
Receipt of \$ from	is acknowledged with appreciation.
Date	Treasurer, Memorial Garden Committee
Date	Minister, United Church of Rowayton

To further enrich the information in the Memorial Garden Book, you are invited to complete the following section. This information will be available solely for the purpose of genealogical interest.

NAME OF SPOUSE/PARTNER

Date of birth	City & State
Date of death	City & State
NAME OF MOTHER	
Date of birth	City & State
Date of marriage	City & State
Date of death	City & State
NAME OF FATHER	
Date of birth	City & State
	City & State

NAMES OF CHILDREN/STEP CHILDREN

NAMES OF GRANDCHILDREN

Please include any additional information you would like recorded.