Red Clay Creek
*Presbyterian Church*
500 McKennans Church Road, Wilmington, Delaware 19808

# MEMORY GARDEN APPLICATION

*"Even though I walk through the valley of the shadow of death, I fear no evil; for thou art with me."* (Psalm 23:4a)

**Instructions:** As the Applicant, please complete section I ("APPLICATION") and section II ("ARRANGEMENTS FOR PLACEMENT") of this form. Section III ("ACCEPTANCE") will be completed by a Red Clay Creek Presbyterian Church Pastor or the Chairperson of the Memory Garden Committee and a copy will be returned to the Applicant.

## I. APPLICATION

**I hereby request placement of the cremated remains of:**

_____
Last Name First Middle

Individual's Date of Birth: _____
Month Day Year

Individual's Social Security Number: _____

**in the Red Clay Creek Presbyterian Church Memory Garden.**

**I attach a donation of $**_____.
(Note: Please make checks payable to Red Clay Creek Presbyterian Church with the notation "Memory Garden")

Applicant's Name: _____

Applicant's Signature: _____

Applicant's Address: _____

_____

Date: _____

## II. ARRANGEMENTS FOR PLACEMENT

**I, the Applicant, have read and do agree to abide by the rules governing the Red Clay Creek Presbyterian Church Memory Garden. I have made the rules known to the person(s) named below:**

Name: _____ Relationship: _____

Phone: _____ E-mail address: _____

Street Address: _____

_____

Name: _____ Relationship: _____

Phone: _____ E-mail address: _____

Street Address: _____

_____

Funeral Director (if applicable): _____

**I, the Applicant, request that these remains be placed according to the following (check one):**

_____ Scatter (in full) throughout the Red Clay Creek Presbyterian Church Memory Garden.

<u>OR</u>

_____ Scatter in various locations at the discretion of the family, of which one location is the Red Clay Creek Presbyterian Church Memory Garden.

## III. ACCEPTANCE

The Red Clay Creek Presbyterian Church of Wilmington, Delaware, acknowledges receipt of the application for the cremated remains of:

_____

Last Name First Middle

to be placed in the Red Clay Creek Presbyterian Church Memory Garden and a donation of:

$_____

on _____.

Month Day Year

Permission is hereby granted, subject to the rules for the use of the Memory Garden, for the placement of the cremated remains. Arrangements for interment shall be made with the Pastor(s) of the Church.

This application and acceptance will be preserved in a permanent file in the church office of the Red Clay Creek Presbyterian Church and a duplicate copy will be sent to the applicant.

Date: _____ Name: _____

Pastor (or Chair of Memory Garden Committee)

**********

Name of Deceased: _____

Date of Birth: _____ Date of Death: _____

Funeral Home: _____

Pastor's Signature: _____ Placement Date: _____

Date Plaque Ordered: _____ By/Initial: _____

Date Plaque Installed: _____ By/Initial: _____

Date Recorded by Clerk of Session: _____ By/Initial: _____