

**ST. JOSEPH OF ARIMATHAEA MEMORIAL GARDEN  
APPLICATION**

For the Interment of Ash Remains in the St. Joseph of Arimathaea Memorial Garden

Date \_\_\_\_\_

I hereby request the Interment of the Ash Remains of

(Name) \_\_\_\_\_  
print name as desired to be stamped on the Garden nameplate

in the St. Joseph of Arimathaea Garden and attach a remittance of \$\_\_\_\_\_ as confirmation thereof, **or** of \$\_\_\_\_\_ (\$100 or more) as a deposit with the understanding that the balance of \$\_\_\_\_\_ is due before interment or three (3) years from the date of this Application.

I have read and do agree to each of the attached "regulations" governing the Garden. I have made these regulations know to the person(s) named below and they understand that my signature hereto is binding on them.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Name(s) of person(s) responsible for carrying out my wishes as expressed above.

Name \_\_\_\_\_ Telephone number \_\_\_\_\_  
Street \_\_\_\_\_  
City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Name \_\_\_\_\_ Telephone number \_\_\_\_\_  
Street \_\_\_\_\_  
City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Please mail this form with the Nameplate information form and a deposit (\$100 or more) to

Memorial Garden Coordinator  
St. Bartholomews Episcopal Church  
1790 LaVista Rd., NE  
Atlanta, GA 30329