



600 Ridgewood Road, Maplewood, NJ 07040 (P) 973-763-7676 (F) 973-763-6798 www.morrowchurch.org

Certificate of Reservation for Interment Memorial Garden

As a member of Morrow Memorial United Methodist Church, I wish to reserve a space in the Memorial Garden at the time of death for:

_____		_____
Full Name		Year of Birth
<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other (_____)

My wishes are as follows:

- Interment in an urn beneath the flagstones
- Interment directly in the earth
- Ashes to be scattered in the rose bed or perimeter of the Garden
- Memorial service only (with interment elsewhere)

Assigned Space

- Next sequential
- General area
- Adjacent to spouse*
- Family flagstone*

I understand the contribution of \$500 will help maintain the Garden and the surrounding grounds, as well as the privilege of interment, including a standard urn and nameplate.

Signature: _____ Date: _____

Printed Name: _____

*Please attach copy of documentation for spouse/family.

For Office Use Only

<input type="checkbox"/> Paid in Full	Check No. _____	Date Received: _____
Space No. _____	Urn No. _____	Date: _____ Name Plate: _____