

AVON LAKE UNITED CHURCH OF CHRIST

Avon Lake, Ohio

Memorial Garden Application (for pre-planning)

Date: _____

Full name of person whose ashes are to be scattered:

Maiden name: _____

Current address: _____

_____ Church Member

_____ Non-Member

_____ I have completed a Funeral Planning Form for Avon Lake UCC; the minister has a copy.

Next of kin or closest friend: _____

Address: _____

Phone: _____

Paid fees in the amount of _____ Check # _____

I certify that I have read and shall abide by the Memorial Garden Guidelines.

Signature: _____

The signed copy to be kept in the church office.