

College Mennonite Memorial Garden
Application for Disposition (scattering) of Cremains
(One applicant per form)

Name of person completing this form: _____ Date: _____

Contact information for above: Address: _____

Telephone: _____ (home) _____ (work)

PLEASE **PRINT** INFORMATION IN THE BOX BELOW AS IT SHOULD BE ENGRAVED
ON THE PLAQUE

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <div style="text-align: center; margin-bottom: 20px;">_____ (Name of deceased as it should appear on plaque)</div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; text-align: center;">_____ (birthdate: month, dd, yyyy)</div><div style="width: 45%; text-align: center;">_____ (deathdate: month, dd, yyyy)</div></div> | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

Birthplace: _____

Name of Parents: _____

Applicant's deceased body to be in care of: (indicate type and name of service provider)

___ direct cremation service provided by _____

___ funeral home service provided by _____

Contact Information:

Name: _____

Address: _____

Relationship to Deceased: _____

Briefly state applicant's connection to College Mennonite Church:

By signing below, I affirm that the above information is correct and that I have read and will adhere to College Mennonite Memorial Garden's guidelines for disposition of applicant's cremains.

_____ Date _____

(office use only)

Application: _____ Accepted by _____ Date _____

Registrar or Pastor

Fee: Paid Not Paid Date _____