



UNITARIAN UNIVERSALIST FELLOWSHIP

OF DOOR COUNTY PO BOX 859, SISTER BAY, WI 54234 / 920-854-7559 / CONTACT@UUFDC.ORG

MEMORIAL GARDEN: APPLICATION FOR INTERMENT

APPLICANT NAME(S) _____

(PERSON FILLING OUT FORM AND MAKING PAYMENT)

APPLICANT ADDRESS _____

APPLICANT PHONE _____ RELATIONSHIP TO DECEASED _____

MEMORIAL GARDEN SERVICES REQUESTED: CHECK ALL THAT APPLY

- INTERMENT OF ASHES PLAQUE ON MEMORY ROCK
- RESERVATION ON MEMORY ROCK KEEP MEMORIAL SERVICE INSTRUCTIONS ON FILE

NAME OF DECEASED OR RESERVATION: _____

(CIRCLE ONE)

(PLEASE PRINT CLEARLY AND EXACTLY AS YOU WISH PLAQUE TO READ)

DATE OF BIRTH _____

DATE OF DEATH _____

RELATIONSHIP TO UUFDC: CURRENT MEMBER / FRIEND CHARTER MEMBER

OTHER _____

NAME OF DECEASED OR RESERVATION: _____

(CIRCLE ONE)

(PLEASE PRINT CLEARLY AND EXACTLY AS YOU WISH PLAQUE TO READ)

DATE OF BIRTH _____

DATE OF DEATH _____

RELATIONSHIP TO UUFDC: CURRENT MEMBER / FRIEND CHARTER MEMBER

OTHER _____

TOTAL FEES DUE (\$310.00 FOR EACH PERSON): _____

I HAVE READ AND AGREE TO THE UUFDC Memorial Garden Policies and Procedures, adopted by the UUFDC Governing Board on March 10, 2015, and attached to this application.

APPLICANT'S SIGNATURE

DATE

UUFDC REPRESENTATIVE

DATE