

APPLICATION FOR MONTREAT MEMORIAL GARDEN

I wish to reserve (please select the option you wish to reserve): DATE:

The right to **scatter** cremains of one/two person in the Montreat Memorial Garden. (\$750 each)

THE CREMAINS OF _____ DOB _____ DOD _____

AND _____ DOB _____ DOD _____

will be scattered in the Memorial Garden. Scattering includes a bronze plaque.

SHOW NAMES AS THEY SHOULD BE ENGRAVED ON BRONZE PLAQUE.¹

NAME OF PERSON COMPLETING REQUEST: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE #: _____

EMAIL: _____

Please return this request to:

Montreat Conference Center
Attn: Memorial Garden Committee
PO Box 969
Montreat, NC 28757

For current fee structure, see insert in Memorial Garden brochure or visit our website at montreat.org. Fees are subject to change.

MONTREAT MEMORIAL GARDEN

(TO BE COMPLETED BY MEMORIAL GARDEN COMMITTEE/MRSTAFF)

CERTIFICATE # _____ (FOR COLUMBARIUM NICHE) # _____ (FOR SCATTERING GARDEN RIGHTS)

PAYMENT OF \$ _____ RECEIVED FROM APPLICANT ON _____ (DATE OF RECEIPT)

DATE CERTIFICATE COMPLETED AND MAILED TO CERTIFICATE HOLDER _____

A certificate will be issued to the person reserving the right to use the Memorial Garden. When notified by a family member or personal representative of the date of death of the Certificate Holder, the Memorial Garden Committee will have the name and dates of birth and death engraved on the Memorial Garden plaque.