

## APPLICATION FOR MONTREAT MEMORIAL GARDEN

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

A **two-person niche** in the Columbarium in the Montreat Memorial Garden. (\$2,000)

THE CREMAINS OF \_\_\_\_\_ DOB \_\_\_\_\_ DOD \_\_\_\_\_

AND \_\_\_\_\_ DOB \_\_\_\_\_ DOD \_\_\_\_\_

will be placed in this niche. *SHOW NAMES AS THEY SHOULD BE ENGRAVED ON NICHE COVER.*

A **one-person niche** in the Columbarium in the Montreat Memorial Garden. (\$1,000)

THE CREMAINS OF \_\_\_\_\_ DOB \_\_\_\_\_ DOD \_\_\_\_\_

will be placed in this niche. *SHOW NAME AS IT SHOULD BE ENGRAVED ON NICHE COVER.*

If you wish to reserve a specific niche(s), please contact the Development Office to review availability:  
828.419.9883 **or** memorialgarden@montreat.org

The right to **scatter** cremains of one/two person in the Montreat Memorial garden. (\$500 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 PLAQUE.*

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 [www.montreat.org](http://www.montreat.org). Fees are subject to change.

### MONTREAT MEMORIAL GARDEN

(TO BE COMPLETED BY MEMORIAL GARDEN COMMITTEE/MRA STAFF)

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 incised on the niche cover or engraved on the Memorial Garden plaque (for the scattering garden memorial).**