Application for the interment of Ash Remains at Grace Episcopal Church

Gainesville, GA _____, 2025

I hereby request the Interment of the Ash Remains of

_____

(print names(s) as desired)

in the All Souls Columbarium and attach a remittance of $2000.00 in confirmation thereof.

I have read and do agree to each of the attached "regulations" governing the Columbarium. I have made these regulations known to the person(s) named below and they understand that my signature hereto is binding on them.

Signed _____ Date of Birth _____

Signed _____ Date of Birth _____

Date _____

Witness _____

Name(s) of person(s) responsible for carrying out my wishes as expressed above:

Name _____

Street _____

City/State/Zip _____

Phone Number _____

Name _____

Street _____

City/State/Zip _____

Phone Number _____

Rules Governing the Columbarium Garden:

1) The administration of the Garden is under the supervision of the Rector and Building and Grounds Committee.

2) Niches are assigned by the Parish Administrator and Rector.

3) The cost includes up to 2 bronze plaques provided by the parish for each granite niche cover which can be inscribed with the name(s), and dates of birth and death. Additional plaques can be purchased at the current price. There will be no floral arrangements or other additional decorations in the garden.

The fee for each niche is $2000.00, normally payable at the time of the application. The fee provides for interment and perpetual care of the Garden. Applications will be accepted upon receipt of a deposit of $500.00, with the balance due not later than one year from the date of the application. In all cases, the entire fee must be received prior to interment. In the event of a change of mind or prior to purchase of plaques, all monies paid in excess of the amount of the initial deposit will be refunded.

I have read and understood the regulations regarding the Grace Episcopal Church's All Souls' Columbarium Garden.

_____ _____

Signature Date

_____ _____

Signature Date