

THE *Episcopal* CHURCH 
 OF *St. John the Baptist*
Application for the Memorial Garden

I hereby request interment of the cremated remains of: _____
(Name)

in the Memorial Garden of the Episcopal Church of St. John the Baptist, Milton, Delaware and
attach a remittance of \$ _____.

Name: _____ Telephone No. _____

Address: _____ Date: _____

Signed: _____

**Please make checks payable to the Episcopal Church of St. John the Baptist with
notation “Memorial Garden”**

I have read and do agree to abide by each of the “Rules and Regulations” governing the Memorial
Garden of the Episcopal Church of St. John the Baptist. I have made these “Rules and Regulations”
known to the person named below.

Name: _____ Telephone No. _____

Street: _____ Relationship: _____

City/State/Zip: _____

Acceptance

The Episcopal Church of St. John the Baptist of Milton, Delaware acknowledges receipt of the
application of _____ and the sum of \$ _____ on _____.
(Name) (Date)

Permission is hereby granted, subject to the regulations of the Episcopal Church of St. John the
Baptist, Milton, Delaware, for the interment of cremated remains in the Memorial Garden.

Signed: _____
Priest Senior Warden

Date: _____

This *Application and Acceptance Form* will be preserved in a permanent file in the safe in the church
office of the Episcopal Church of St. John the Baptist in Milton, Delaware. A duplicate copy will be
sent to the applicant.