

# GREENVILLE UNITARIAN UNIVERSALIST FELLOWSHIP

## APPLICATION TO PLACE CREMAINS IN THE SCATTER GARDEN AND REQUEST A BRONZE PLAQUE

Name of Applicant or Deceased \_\_\_\_\_

Date of Application \_\_\_\_\_ Proposed Date of Scattering \_\_\_\_\_

### Person Responsible for Arrangements:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please print clearly the exact name and details for engraving. We would appreciate a biographical sketch and picture of the deceased for posting on the Fellowship website.**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date of Death: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Third Line (optional) \_\_\_\_\_

Only human cremains may be placed in the Scatter Garden, subject to the Memorial Garden Policy.

A donation is requested to cover the cost of the bronze plaque. Please refer to the Memorial Garden Schedule of Fees for recommended amount. Payment should be made to the **Greenville Unitarian Universalist Fellowship**, marked "*for Scatter Garden Plaque*". Send this application with payment to: Greenville UU Fellowship Office, P.O. Box 4518, Greenville, SC 29608.

***I HAVE RECEIVED A COPY OF THE MEMORIAL GARDEN OPERATING POLICY, UNDERSTAND IT AND AGREE TO ITS PROVISIONS.***

APPLICANT OR PERSON RESPONSIBLE \_\_\_\_\_

LEGAL REPRESENTATIVE \_\_\_\_\_ PHONE \_\_\_\_\_

APPROVED BY MEMORIAL GARDEN COMMITTEE	FOR OFFICE USE	
Chairperson	Fee Received	Receipt Given
Date	Administrator	Date