



Memorial Garden Interment Application Form

Date: _____

Applicant Name: _____

Mailing Address: _____

Phone: _____

I have received the Calvary Lutheran Church Memorial Garden Usage Policy which explains the purpose, administration, eligibility and policies/ procedures pertinent to the Memorial Garden. I request the ashes of _____ be interred in the Memorial Garden.

I acknowledge and fully understand the Policy and Procedures governing the Calvary Lutheran Church Memorial Garden. I elect to inter the cremated ashes:

(Select one of the two interment methods)

- A) _____ via burial in a designated spot within the garden using a certified biodegradable container from a licensed funeral director or a licensed cremation agency
- B) _____ via scattering of the ashes onto the soil

Pastoral Service:

I request the services of the Calvary Lutheran Church minister: _____

I do not request the services of the Calvary Lutheran Church minister and will coordinate those services myself: _____

I understand that all grounds of the Memorial Garden remain the property of Calvary Lutheran Church and that no part of that ground passes at any time to the families of the person interred therein. I understand that a brass plate containing solely the name, birth and death date of the person interred in the Garden will be placed on the stone monument within the Memorial Garden.

The name, birthdate and date of death for to be placed on the plaque shall be:

Name: _____ (limited to 30 characters/ spaces)

Date of Birth: _____ (i.e. 08/21/1953)

Date of Death: _____ (i.e. 08/21/2020)

I understand that no service shall be conducted at the Memorial Garden without church approval. No floral or other decorations are to remain at the Memorial Garden following interment ceremonies.

Signed: _____

Date: _____

Request for plant donation:

I would like to request for the following plant to be placed in a suitable location within the Garden at my expense:

Plant Description and Size: _____ (All plants are subject to Memorial Garden Committee approval)

Agreed upon arrangements:

Date/Time of Interment _____

Services to be officiated by: _____

Contact information: _____

Calvary Lutheran Church
16151 Old Frederick Road
Mt. Airy, MD 21771
(410) 489-5280