

**Memory Garden Agreement
Community Mennonite Church**

Agreement between _____ & Community Mennonite Church
for the interment of ash remains in the Community Mennonite Church Memory Garden.

The fee of \$_____.____ to cover all expenses including name plate for the
placement of human cremains has been received and receipted _____, 20_____
Payment method: _____

I/we hereby request the interment of the ash remains of

born (mm/dd/yyyy)_____ in the Community Mennonite

Church Memory Garden. Today's Date _____

I/we have read and agree to each and every one of the attached regulations governing
the Community Mennonite Church Memory Garden.

If on this date the person named above is living, I/we have made these regulations
known to the person(s) below and they understand that this agreement is binding on
them, my heirs and devisees.

I/we understand and agree that the Community Mennonite Church Memory Garden
Trustees and the Community Mennonite Church, Harrisonburg, Virginia are not granting
me/us, my/our personal representative, heirs or devisees, any right, title or interest of
any sort in or to the real property of Community Mennonite Church, Harrisonburg,
Virginia, including but not limited to the Community Mennonite Church
Memory Garden.

Signature _____

(print full name) _____

When applicable, date of death: _____

If applicable, name of person (s) responsible for carrying out my/our wishes as expressed below:

1) Name _____

Phone number _____

Email address _____

Home Address _____

2) Name _____

Phone number _____

Email address _____

Home Address _____

Placement of cremains:

Option one (\$500) is for one set of cremains in one plot: a biodegradable container not to exceed 8”X 8” X 8H” to be placed 18” or more inches below the Surface. Initial and date to select:_____

Option two (\$900) is for two sets of cremains in one plot: one or two biodegradable containers with cremains not to exceed 8”X 8” X 16”H to be placed 24” or more inches below the Surface. Initial and date to select:_____

Option three (\$500 one set/\$900 two sets) is for scattering one’s cremains: a specified location will be designated for scattering cremains and raked into the flower bed mulch. Initial and date to select:_____

Acceptance (office use only)

The Community Mennonite Church Memory Garden Trustees acknowledge the receipt of the application of _____ and the contribution (not for tax purposes) of \$ _____ on (mm/dd/yyyy) _____.

If the applicant(s) decides any time prior to interment that he or she wishes to cancel this agreement, then the Memory Garden Committee shall remit to the applicant 75% of the fee paid upon receipt of the applicant's written notice of his or her change of intent, and each party will be deemed fully released from all obligation and responsibility to the other under this agreement.

Permission is hereby granted, subject to the regulations of the Community Mennonite Church Memory Garden, for the interment in the garden of the ash remains of _____.

The Community Mennonite Church Memory Garden Trustees agree to inter the ash remains when presented, to furnish a proper individual nameplate and to provide perpetual care of the Memory Garden. The Community Mennonite Church Memory Garden Trustees: *(Signed and dated by two Trustees)*

Trustee #1

Dated

Trustee #2

Dated