

## Gates Presbyterian Church 1049 Wegman Road Rochester, NY 14624 Phone: (585)247-5292 Fax: (585)247-5293 Memorial Garden

## REQUEST FOR THE INTERMENT OF ASH REMAINS

PLEASE COMPLETE AND RETURN TO THE CHURCH OFFICE

I/We hereby request interment of ashes in the GPC Memorial Garden for the following:

ame of person to be memorialized (please print):  (first name, middle name, last name, suffix)			, suffix)
Relationship of the deceased to Gates Presbyteria	•		,
Date of Birth:	Date of Death:		
(month, day, year)	(moi	nth, day, year)	
The Service of Committal must be planned through	one of GPC's pastors.		
Do you wish to have the Service of Committal con-	ducted by a pastor of G	PC? Yes	No
If "No", list name of officiating clergy/church affiliating (* Requires GPC Session Approval)	on (*):		
What is the proposed date and time for the Service	e of Committal?		
		a.m.	p.m.
(date)	(time)		
How many persons do you anticipate attending the I/We understand the church requires a placement interment of Ash Remains in the Memorial Garden	fee for the		
I/We understand and acknowledge The GPC Memospecial privileges of any nature are deemed or gran ashes interred in The Garden. All rights are reserve The Memorial Garden Committee (MGC) and/or Sethe future, including changes in the design and local	nted to the undersigned ed by Gates Presbyteria ession to make any nec	or our families an Church, its o	regarding officers and
Signature			Date
Signature			Date
TO BE COMPLETED BY THE OFFICIATING	PASTOR AND SHARED	WITH THE MGC	
Approval of Pastor			Date