



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

**AUTHORIZATION FOR THE INTERMENT OF CREMATED REMAINS**  
**PLEASE COMPLETE AND RETURN TO THE CHURCH OFFICE**

I hereby request permission to hold a memorial ceremony and to bury the cremated remains of \_\_\_\_\_ (full name of the "Deceased") in the Gates Presbyterian Church Memorial Garden.

I certify that I am the person with the full legal right and authority to authorize the disposition of the remains of the Deceased. I understand and acknowledge that once the burial interment is completed, the ashes are not recoverable. I understand and acknowledge that the cremated remains of others may be buried in a similar manner in the Memorial Garden, and that the cremated remains of the Deceased may be inadvertently commingled with those of another person. I understand and acknowledge that the obligation of Gates Presbyterian Church shall be limited to permitting the disposition of the cremated remains in the Memorial Garden as set forth herein. Placement of cremated remains will not take place between October 1st and May 15th due unfavorable temperature of the ground.

I agree to release, hold harmless and indemnify Gates Presbyterian Church, its affiliates and their agents, employees, successors and assigns from any and all loss, damage, liability or causes of action (including attorney's fee and expenses of litigation) in connection with the disposition of the cremated remains of the Deceased as authorized herein or respect to the identification of said cremated remains as being those of the Deceased.

\_\_\_\_\_  
Signature of Person Authorized to Dispose of Ashes

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Authorized to Dispose of Ashes

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Telephone/Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**GATES PRESBYTERIAN CHURCH AUTHORIZATION**

I hereby authorize the holding of a memorial ceremony and/or interment of the cremated remains of the Deceased in the Gates Presbyterian Church Memorial Garden

\_\_\_\_\_  
Name/Signature/Title/Date