

REQUEST FOR INTERMENT OF ASHES IN MEMORIAL GARDEN
UNIVERSITY PRESBYTERIAN CHURCH, CHAPEL HILL, NORTH CAROLINA

Your Full Name* _____

Date of birth _____

Address _____

Phone (home) (____) _____ (work) (____) _____

Other (____) _____ Email _____

Reserve space for spouse's name on same panel? ____ yes ____ no

Name of spouse _____
[A separate form must be completed for each individual]

Name of Family Representative _____

Address _____

Phone (home) (____) _____ (work) (____) _____

Other (____) _____ Email _____

FOR OFFICE USE ONLY

Date of death _____

Placed in area # _____

Date name added _____

Panel # _____

INFORMATION VERIFIED

DATE	VERIFIED BY
_____	_____
_____	_____
_____	_____

*Name and dates are limited to a total of 55 characters/numbers/spaces.

Date of request _____

REQUEST FOR INTERMENT OF ASHES IN MEMORIAL GARDEN
UNIVERSITY PRESBYTERIAN CHURCH, CHAPEL HILL, NORTH CAROLINA

Full Name of Deceased* _____

Date of birth _____ Date of death _____

Reserve space for spouse's name on same panel? ____ yes ____ no

Name of spouse _____
[A separate form must be completed for each individual]

Name of Family Representative _____

Address _____

Phone (home) (____) _____ (work) (____) _____

Other (____) _____ Email _____

FOR OFFICE USE ONLY

Date of death _____

Placed in area # _____

Date name added _____

Panel # _____

INFORMATION VERIFIED

DATE	VERIFIED BY
_____	_____
_____	_____
_____	_____

*Name and dates are limited to a total of 55 characters/numbers/spaces.

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