

**GREENVILLE UNITARIAN UNIVERSALIST FELLOWSHIP
GREENVILLE, SOUTH CAROLINA
APPLICATION FOR PURCHASE OF MEMORIAL PLAQUE**

Applicant's Name: _____

Address: _____

Telephone Number: _____

I request that the Memorial Garden Committee approve this application for a Memorial Plaque based on the information I have provided below, and any supplemental information I may have been asked to provide. I certify that I have received a copy of the "Columbarium Policy and Operating Rules," have read and understand it, and I subscribe to its provisions. I understand that purchase of this Plaque is for the cost of the Plaque, engraving and the space on the Memorial Wall, and that no interest in real property is conveyed by such purchase.

Printed Name and Signature

Date

APPROVED: _____
Chairperson, Memorial Garden Committee

DATE: _____

Please indicate in the space below what your relationship or attachment is to the individual(s) named below and any other information which you feel may be helpful to the Memorial Garden Committee's review of this application for purchase of a Plaque. For posterity we would like to have a historical record of all of the individuals buried or recognized in our Memorial Garden. Therefore, please provide any pertinent information regarding this individual that we should know and make available for others to see in the future. Please add an additional sheet if necessary. Thank you.

Name of Individual to be Memorialized: _____

Your Relationship to the above mentioned individual: _____

Date individual became Member of the Fellowship (if applicable and known): _____

Involvement of individual with the Fellowship (if applicable):

What others should know about this individual:

Other Comments:

Please attach an obituary if possible.