Application for the Memorial Garden

Swarthmore Presbyterian Church 727 Harvard Avenue Swarthmore, PA 19081 610-543-4712

I hereby request application to the Memorial Garden of Swarthmore Presbyterian Church, Swarthmore, PA, and attach a donation of \$350.00 in confirmation thereof. I understand that the applicable fees for interment and preparation and installation of a bronze marker will be paid at the time of interment.



Name:	
	Date of Birth:
Signed:	Date:
(Please make checks payable to S	warthmore Presbyterian Church with notation "Memorial Garden")
	by each of the "regulations" governing the Memorial Garden of Swarthmore these regulations known to the person(s) responsible for carrying out my
Name:	Name:
Relation:	Relation:
	Address:
	Phone:
	Email:
	ACCEPTANCE
Swarthmore Presbyterian Church	of Swarthmore, PA, acknowledges receipt of application of:
(name)	and the sum of \$
on (date) Fo	r SPC (name)
Permission is hereby granted, subj for the interment of cremated rema	ect to the regulations of Swarthmore Presbyterian Church, Swarthmore, PA ains in the Memorial Garden.

THIS APPLICATION AND ACCEPTANCE WILL BE PRESERVED IN A PERMANENT FILE IN THE CHURCH OFFICE OF SWARTHMORE PRESBYTERIAN CHURCH, SWARTHMORE, PENNSYLVANIA, AND A DUPLICATE COPY WILL BE SENT TO THE APPLICANT.