

**TRINITY CHURCH, GULPH MILLS, MEMORIAL GARDEN
KING OF PRUSSIA, PENNSYLVANIA 19406**

APPLICATION FOR INTERMENT OR SCATTERING

Date: _____

Applicant: _____

Street Address: _____

City, State and Zip: _____

Phone: _____

I hereby make application for the

____ interment space(s)

____ scattering(s)

for (of) the ashes of :

_____ ("Deceased")
in the Trinity Church, Gulph Mills Memorial Garden.

I have received and reviewed a copy of the Declaration of Trust dedicating the Memorial Garden and the Rules and Regulations of the Memorial Garden and agree to accept them and to abide by them and to accept any amendments made to them.

I understand that a non-refundable fee of \$650.00 per space or scattering must be paid following the approval of this application. Checks should be made payable to Trinity Church Memorial Garden Fund and submitted to the Parish Office together with an executed Agreement.

Signature of Applicant

FOR CHURCH USE:

Application approved: _____

_____ Date