

**St. Paul's Episcopal Church  
Memorial Garden  
Application for Interment or Scattering of Cremains**

The undersigned Applicant hereby applies for one of the following (initial only one);

\_\_\_\_\_ **Burial Plot** for interment of cremains.

Enter plot number requested \_\_\_\_\_ (Row/Column/Level).

The Memorial Garden Board will assign the plot number. Every effort will be made to assign the plot number requested.

- or -

\_\_\_\_\_ **Scattering** of cremains.

The individual whose cremains are to be interred or scattered in the Memorial Garden

are those of \_\_\_\_\_ (name)

\_\_\_\_\_ (current or former address)

\_\_\_\_\_

Date of birth \_\_\_\_\_

Date of death (if applicable) \_\_\_\_\_

The Applicant acknowledges and agrees that the reservation of a Burial Plot or approval for Scattering is not transferable or assignable.

The Applicant acknowledges receipt of a copy St. Paul's Episcopal Church Memorial Garden Rules and Regulations, and agrees to follow the rules and regulations set forth in the document.

The Applicant agrees to make arrangements to have a copy of the death certificate and a copy of the cremation certificate submitted to the Church, to become part of the Church's Interment Records.

A **Burial Permit** is required for burial of cremains (Chapter 114, Section 45, MGL). The Applicant agrees to make arrangements so that a Burial Permit will be obtained from the Board of Health, or it's agent, prior to interment.

