



**APPLICATION FOR INURNMENT OF CREMATED REMAINS  
IN THE SHEPHERD'S GARDEN**

Name of Decedent: \_\_\_\_\_  
(Please provide full name)

Wall: \_\_\_\_\_ Niche Number: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ [if known]

Subscriber Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Subscriber Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Funeral Home/Director: \_\_\_\_\_

\_\_\_\_\_

Funeral Home Telephone: \_\_\_\_\_

Date and Time of Committal Service: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Clergy Officiating: \_\_\_\_\_ Phone: \_\_\_\_\_

Decedent's Last Address: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\_\_\_\_\_ Place of Death \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

*No rights of inurnment and niche assignments are final until all required documents have been completed and Subscriber Fees paid in full.*



**Inscription Information**

**This information will be relied upon for engraving the inscription for the face of the niche.**

**Name of Decedent as it should appear in the inscription :**

\_\_\_\_\_

**Decedent's Year of Birth:** \_\_\_\_\_

**Decedent's Year of Death:** \_\_\_\_\_

I hereby certify that I am the \_\_\_\_\_ (specify relationship) of the above-named decedent and the person legally authorized to make disposition of the remains of the said decedent. I make this Application in accordance with the Agreement Regarding Inurnments Rights between the Subscriber named above and Lovers Lane United Methodist Church.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved:**

Lovers Lane United Methodist Church Foundation

By: \_\_\_\_\_

Date: \_\_\_\_\_