

**Assembly Mennonite Memorial Garden**  
Application for Disposition (scattering) of Cremains  
(One applicant per form)

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Contact information for above: Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

PLEASE **PRINT** INFORMATION IN THE BOX BELOW AS IT SHOULD BE ENGRAVED  
ON THE PLAQUE

\_\_\_\_\_  
(Name of deceased as it should appear on plaque)

\_\_\_\_\_  
(birthdate: month, dd, yyyy)      —      (deathdate: month, dd, yyyy)

Applicant's deceased body to be in care of: (indicate type and name of service provider)

\_\_\_\_\_

\_\_\_ direct cremation service provided by \_\_\_\_\_

\_\_\_ funeral home service provided by \_\_\_\_\_

Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Briefly state applicant's connection to Assembly Mennonite Church:

By signing below, I affirm that the above information is correct and I wish to scatter ashes in the Memorial Garden.

\_\_\_\_\_

Date \_\_\_\_\_

\$50 Fee:    Paid    Not Paid    Date \_\_\_\_\_