

REQUEST FOR INTERMENT OF ASHES IN MEMORIAL GARDEN  
UNIVERSITY PRESBYTERIAN CHURCH, CHAPEL HILL, NORTH CAROLINA

Your Full Name\* \_\_\_\_\_

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

Address \_\_\_\_\_

Phone (home) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Reserve space for spouse's name on same panel? \_\_\_\_ yes \_\_\_\_ no

*(Please note that names are engraved chronologically and we cannot  
guarantee that your name will be engraved beside your spouse's)*

Name of spouse \_\_\_\_\_

*(A separate form must be completed for each individual)*

Name of Family Representative \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of death \_\_\_\_\_

Placed in area # \_\_\_\_\_

Date name added \_\_\_\_\_

Panel # \_\_\_\_\_

**INFORMATION VERIFIED**

DATE

VERIFIED BY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Name and dates are limited to a total of 55 characters/numbers/spaces.

Date of request \_\_\_\_\_