

CHURCH GARDEN APPLICATION

**Bridgewater Church of the Brethren
420 College View Drive
P.O. Box 249
Bridgewater, Virginia 22812**

I hereby request the committal of the cremains of

Name _____ Date of Birth _____

Signed _____ Date _____

Address _____

_____ ZIP _____

I have read and I agree to each of the guidelines governing the Church Garden of Bridgewater Church of the Brethren. I have made these guidelines known to the persons named below.

Names of person(s) responsible for carrying out my interment wishes:

Name _____ Telephone _____

Street _____

City/State _____ ZIP _____

Name _____ Telephone _____

Street _____

City/State _____ ZIP _____

ACCEPTANCE

Bridgewater Church of the Brethren acknowledges receipt of your application. Permission is hereby granted, subject to the regulations, for committal of cremains in the Garden of Bridgewater Church of the Brethren. At the appropriate time arrangements for the committal can be made by an initial call to the church office (540/828-3711).

_____ Date _____
Garden Committee Chair or Pastor

Please return *two* completed application forms to the church office for the appropriate signatures. One copy will be retained for our files; the second copy will be returned to you.