



ST. JOHN'S
EPISCOPAL CHURCH
JACKSON HOLE

Garden of Memories Application and Interment Authorization
(single form per applicant)

Date _____

Name of Applicant _____

Name of person to be interred (if different from above)

Address _____

Phone _____ Email _____

Next of kin (Preferably residing in Wyoming) _____

Next of Kin Contact Information: _____

Fees

\$1,000 St. John's Church parish member* and their immediate family members
\$1,500 Non-parish individuals

*An active member of St. John's Church is someone who during the past 12 months regularly attends worship at the church or its chapels and has given financial support of our ministries.

Method of payment

_____ Paid in full with application. Payment amount _____.

_____ Payment Plan. Please use Payment Terms Form to set up installments

I, the above-named Applicant, do hereby apply for the reservation of interment into the Garden of Memories of St. John's Episcopal Church Chapel of Transfiguration, Moose, Wyoming.

Applicant Signature _____

Please print information exactly as you want it to appear on the name plate.

Name (35 characters maximum)

Date of Birth _____

Date of Death _____

Interment Authorization

To: St. John's Episcopal Church

The undersigned, a person of lawful age, being first duly sworn, represents him/herself to be the owner, agent, personal representative or heir at law of the deceased, hereby authorizes St. John's Episcopal Church Garden of Memories to permit the interment of

_____, deceased, in St. John's Episcopal Church Garden of Memories.

The undersigned understands that availability for the Garden of Memories is based on the following priorities:

- 1 Parish members and their immediate families on a first-come, first-serve basis. The immediate family shall include the member's spouse and their children, or their stepchildren.
- 2 Parish-related families. They shall include a parish member's parents, siblings, grandchildren, daughters-in-law and sons-in-law.
- 3 The undersigned also covenants with St. John's Episcopal Church Garden of Memories that he or she has full and legal authority to execute this instrument and that he or she will hold harmless St. John's Episcopal Church from any damages arising from the use of the space as aforesaid.

Signature of Applicant

Date

For Notary:

The foregoing Interment Authorization was duly executed in my presence by _____, personally know to me this _____ day of _____, 20_____.

Witness my hand and official seal.

_____ Notary Public My commission expires: _____