

Memorial Garden Policy and Application



*Rest eternal grant to them, O Lord:
And let light perpetual shine upon them.*



Memorial Garden Policy for St. Andrew's Episcopal Church

Purpose

The purpose of the Memorial Garden is to provide a place on the property of St. Andrew's Episcopal Church ("Church") for the interment of cremation ashes of church members and their immediate family members, and to offer a place of beauty and serenity for the entire congregation to use for prayer, meditation, and services.

The Memorial Garden Committee

The Memorial Garden is to be operated and administered by the St. Andrew's Memorial Garden Committee ("Committee"). The Committee shall consist of the Rector, the Junior Warden, and three at large members, appointed by the Vestry. The Committee will be responsible for the continuing care of the Memorial Garden, which includes maintenance and repairs. The Committee will periodically report to the Vestry and submit a report to be included in each year's Annual Parish Meeting Report.

Eligibility

Space in the Memorial Garden is available to: a) current and former members of the Church and their immediate family members, including spouses, children, grandchildren, parents, grandparents, siblings, and spouses of the people in this group; b) clergy, past and present, of St. Andrew's, and their immediate family members; and c) those approved at the discretion of the Rector.

Memorial Garden Space Options

Reservations in the Memorial Garden may be made for an in-ground plot or columbarium niche. Cremation ashes may be: a) poured directly into a plot or niche, b) placed in a biodegradable container which is interred in a plot or niche, or c) placed in a permanent urn that fits in the plot or niche. The Church does not provide containers or urns.

Application for Memorial Garden Space

An application for Memorial Garden Space will be required for each plot or niche. The application is available in the St. Andrew's Church office or online. The applicant should complete the application and submit it, with fee payment in full, to the Parish Administrator. Payment will be based on a Fee Schedule approved annually by the Vestry. This payment includes opening and closing the space, engraving containing the full name and the dates of birth and death of the individual, and ongoing care of the Memorial Garden. The application will then be submitted to the Rector for final approval. When the application is approved, the applicant will be issued a completed reservation receipt.

Records

A record of each interment shall become part of the official records of the Church and include the location of the plot or niche, the date of interment, the full name of the decedent, and the dates of birth and death of the decedent.

Memorial Garden Fund

Funds collected from the sale of plots and niches shall be maintained by the Church, under direction of the Committee and the Vestry, as a perpetual care fund for the upkeep of the Memorial Garden, including routine maintenance and future additions, modifications, repairs, or relocation.

Flowers, Ornaments, and Decorations

The Memorial Garden is intended to be a solemn and contemplative memorial space. Only fresh flowers, live plants, or other natural decorations may be placed in designated areas. All flowers and plants may be removed after five (5) days.

Liability

No liability of any kind or character is assumed by the Church for the maintenance or preservation of the ashes of any person interred in the Memorial Garden or any loss or damage to the ashes of such deceased person, nor is any liability of any kind assumed by the Church for any matter or thing relating to the Memorial Garden, its use or subsequent maintenance, except for failure to exercise reasonable care.

Amendments

Amendments to this Policy may be recommended by majority vote of the Committee. Final approval by the Vestry and Rector is required.

To apply for a space in the Memorial Garden, please complete the forms on pages 4–6 of this packet and submit them with payment to the Parish Administrator.

Application for Memorial Garden Space

*An application should be completed for each Memorial Garden Space.
For a shared space, only one application should be completed.*

Date: _____

Applicant Information

Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Co-Applicant Information (if the Memorial Garden Space is to be shared)

Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Next of Kin or Primary Contact Information

Name: _____

Relationship to Applicant(s): _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I have paid in full \$ _____ for the reservation of one **plot / niche** (circle choice) as described in the Memorial Garden Policy for St. Andrew's Episcopal Church, a copy of which I have received and read in its entirety. In consideration of the review and acceptance of my application to St. Andrew's Episcopal Church, I agree to abide by the Memorial Garden Policy.

APPLICANT:

WITNESS:

(signature)

(signature)

(printed name)

(printed name)

CO-APPLICANT (if applicable):

WITNESS:

(signature)

(signature)

(printed name)

(printed name)

Memorial Garden Space Fee Schedule for 2022–2023

Columbarium Niche or In-Ground Plot \$1,600.00 *

Fee includes opening and closing the space, engraving containing the full name and the dates of birth and death of the individual, and ongoing care of the Memorial Garden.

* Please let the Rector know if you need financial assistance.

Receipt for Reservation Payment

Amount paid: _____ For the reservation of one: **plot / niche** (circle choice)

Location number of **plot / niche** (circle choice) assigned: # _____

Payment received on: _____
(Date)

by: _____
(Church Staff Signature)

(Staff Name and Role, Printed)

Memorial Garden Engraving Order Form

Applicant Name as it should appear in the engraving:

Date of Birth _____

Date of Death *(to be completed at time of engraving)* _____

Co-Applicant Name (if applicable) as it should appear in the engraving:

Date of Birth _____

Date of Death *(to be completed at time of engraving)* _____

Samples (not to scale)

For one applicant, the engraving will be centered in the engraving area. For a shared space, the applicant name and dates will appear first in the engraving, above the co-applicant name and dates. The co-applicant name and dates will appear second in the engraving, below the applicant name and dates.

One Applicant

APPLICANT NAME
DATE OF BIRTH
DATE OF DEATH

Shared Space

APPLICANT NAME
DATE OF BIRTH
DATE OF DEATH
CO-APPLICANT NAME
DATE OF BIRTH
DATE OF DEATH