Memorial Garden

Christ Church of Exeter, New Hampshire

The Memorial Garden of Christ Church will offer a place of interment of ashes for the deceased on the consecrated grounds of the parish. This garden shall be for the use of:

1. Members of Christ Church of Exeter
2. The immediate family of members.
3. Members of the Episcopal Church who have had a relationship with the parish and their immediate families.
4. Others at the discretion of the Rector

Cost: The cost of the interment of the cremated ashes of the deceased in the common vault is **$500.00**. This includes the engraving of the deceased's name on the single granite marker stone. Detailed records will be kept by Christ Church as part of its official records. The balance will be used for the maintenance of the garden under the direction of the Memorial Garden Committee, appointed by the Vestry.

Regulations pertaining to the Memorial Garden:

1. All plantings shall be done by the Memorial Garden Committee
2. No artificial flowers or plants will be permitted in the garden.

Memorial Gifts

Appropriate Memorial Gifts may be designated for the garden with the advice and approval of the Memorial Garden Committee.

All regulations and fees may be amended at any time by vote of the Vestry.

Updated and voted on by Vestry on July 13, 2015

CHRIST CHURCH
Exeter, New Hampshire

MEMORIAL GARDEN
PERMISSION AGREEMENT

AGREEMENT made this _____ day of _____ 20____ between the Vestry of Christ Church, Exeter, New Hampshire, and _____ (hereafter called "Permittee") of _____.

Christ Church acknowledges receipt of the sum of $ _____ from _____ and gives permission to Permittee to have placed in the interment area of the Memorial Garden of Christ Church the ashes of _____ of _____ subject to and upon the terms and conditions set forth by the Vestry of Christ Church. Permittee by these presents acknowledges reading and understanding said terms and Conditions and agrees to be bound thereby.

CHRIST CHURCH, EXETER

By_____
The Rector

And_____
For the Memorial Garden Committee

_____
Permittee

MEMORIAL GARDEN INTERMENT RECORD

NAME: _____

MOST RECENT RESIDENCE: _____

BIRTH: _____

DEATH: _____

DATE OF INTERMENT: _____

NEXT OF KIN: _____

ADDRESS: _____

PHONE NUMBER: _____