

Contact Information:

\_\_\_\_\_  
*(Email or Phone Number)*

Dated this day:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*(Month) (Day) (Year)*

**ACCEPTANCE:**

The Board of Trustees of the Unitarian Universalist Church of the Restoration grants permission for the scattering of the ashes of the aforementioned person in its Memorial Garden and acknowledges the donation of

\$ \_\_\_\_\_

\_\_\_\_\_  
*(Signature)*

Dated this day:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*(Month) (Day) (Year)*

A donation of \$250 is requested for each individual memorialized in the Garden. Additional contributions are gratefully accepted.

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Checks should be made payable to:  
**Unitarian Universalist Church  
of the Restoration**  
with  
**UUCR Memorial Garden**  
written in the Memo Line.



*The Unitarian Universalist  
Church of the Restoration*

6900 Stenton Avenue  
Philadelphia, PA 19150

Phone: 215-247-2561  
Fax: 215-242-9250  
Email: [office@uurestoration.us](mailto:office@uurestoration.us)



**Memorial Garden**

*Here, in this garden of memories  
We remember them*

*The Unitarian Universalist Church  
of the Restoration*

# Memorial Garden of the Unitarian Universalist Church of the Restoration

## Terms and Conditions

1. **PURPOSE:** The Unitarian Universalist Church of the Restoration Memorial Garden provides a spiritually appropriate place on the church property for the dispersal of cremation ashes to commemorate the life of your loved one.
2. **ORGANIZATION:** The use of the Memorial Garden (Garth) of Restoration is under the control of the Board of Trustees of the church or a committee designated by the Board.
3. **APPLICATION:**
  - a. Please submit the form, included here, to the Board of Trustees requesting permission of ashes to be scattered in the Memorial Garden.
  - b. Acknowledge and agree that only ashes may be dispersed. They will not be recoverable and cannot be preserved intact or interred. No family member may alter the appearance of the Memorial Garden, the engraved plaque, or any other related memorial items.
  - c. A fee of \$250, will cover the cost of the engraved nameplate, maintenance of records, and the perpetual care of the Memorial Garden. The Board of Trustees may waive or reduce the amount of the fee upon the request of the family. The Board may also adjust this fee in the future.

4. **POLICY:**
  - a. The following people are eligible for commemoration in the Memorial Garden.
    - i. A Member/past Member or Contributing Friend/past Contributing Friend of Restoration.
    - ii. An immediate family relative of the above.
    - iii. Any other person approved by the Board of Trustees.
  - b. This is a symbolic ceremony. The Church requests that the quantity of ashes be limited to approximately 2 cups per each individual being memorialized.
  - c. The ashes may be scattered only in the designated area within the walls of the Memorial Garden.
  - d. Applicants may choose to have the name of their loved one entered on a Memorial Garden Plaque, provided by Restoration. Each name plate will bear the name of the deceased (up to 22 characters) along with the dates of birth and death, if available. The style, design, engraving, location, and maintenance of the plaque and its nameplates are subject to the direction and control of the Board or its designated committee.
  - e. The Congregation will keep the following records in the Church Record Book.
    - i. The name of the person whose ashes have been scattered in the Memorial Garden.
    - ii. The dates of birth and death of the person, if available.
    - iii. The respective date of the scattering of the ashes.
  - f. No flowers, plants, decorations, or mementoes may be placed in or about the Garden.
4. **MAINTENANCE OF THE MEMORIAL GARDEN:**
  - a. It shall be maintained by the Building and Grounds Committee.
  - a. Any desired changes, modifications, or additions to the Memorial Garden are at the discretion of Building and Grounds or a committee designated by the Board.

## APPLICATION:

The undersigned hereby applies for permission to scatter the ashes of

\_\_\_\_\_ (Deceased Full Name) (please print)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Birth Month) (Birth Day) (Birth Year)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Death Month) (Death Day) (Death Year)

in the Memorial Garden of the Unitarian Universalist Church of the Restoration. Further, the undersigned acknowledges and accepts the TERMS AND CONDITIONS for the use of the Memorial Garden as outlined in this document.

Requested Date of Ceremony:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month) (Day) (Year)

Please indicate that the deceased is a

- ( ) Member/past Member,  
( ) Contributing Friend/past Contributing Friend, or an  
( ) Immediate Relative the above.  
( ) Other relationship:  
Please specify: \_\_\_\_\_

\_\_\_\_\_  
(Name of Applicant) (please print)

\_\_\_\_\_  
(Signature)

(Continued on the other side)