

Request for Interment

The Memorial Garden is for the internment of the ashes of past or present members of St. John's Episcopal Church, Ashfield, and their immediate family members (parents, spouses, children).

Name of Person whose ashes are to be interred:	
Last address of Person whose ashes are to be interred:	
Person requesting this burial: Name, Telephone Number, Email Address	
Another person who we may contact: Name, Telephone number, Email Address	
Please read and sign below as a sign of your acceptance of these policies	•
I fully understand that this is not a guarantee that St. John's Episcopal Church will be able to care for this memorial garden in perpetuity, and that if the conclose for any reason, the Congregation or the Episcopal Diocese of Western would arrange for a reverent relocation of a representative amount of soil from another burial site and for pastoral care for the families of those interred in the Further, I understand that current Massachusetts law does not regulate the estimate maintenance, or closing of memorial gardens.	ngregation were to Massachusetts om the garden to he memorial garden.
Signature of person requesting the burial & Date	_
Signature of Senior Warden or Vicar & Date	_