



EPISCOPAL CHURCH
CLARKESVILLE, GA

Chapel of the Holy Cross
Cemetery and Memorial Garden
Burial Site Application and Acceptance

Date: _____

Arrangements for interment into the Chapel of the Holy Cross Cemetery may be made by returning this completed application to the Parish Administrator, P.O. Box 490, Clarkesville, GA 30523, along with full payment.

I hereby make application in advance for the interment of:

Name _____

Address _____

Phone _____

___ 5' X 10' Burial Lot (one casket or up to four cremains) – \$800. Plot No. _____

___ Memorial Garden (interment of ashes and a plaque on the altar) – \$500.

Person responsible for carrying out my wishes _____

Address _____

Phone _____

By submitting this application along with payment, I have read and agree with the policies governing the cemetery. I have made these policies known to the person(s) responsible for carrying out my wishes. Said assign(s) understands and agrees that my signature is binding to the policies as set forth.

Signature _____

Date of Birth _____

Upon receipt of this application and payment in full, this application when signed below, together with a copy of the policies of the cemetery shall constitute a contract between the applicant and Grace-Calvary Episcopal Church.

Grace-Calvary Rector _____

Date _____

Parish Administrator _____

Date _____