

Application to Place Cremains in the GUUF Scatter Garden

Date Of Application _____
Name of deceased _____
Date of death _____
Date of scattering _____

Name and address of person responsible for arrangements.

Name _____
Address _____
Phone _____ E Mail _____

Exact wording for bronze plaque

Name _____

Birth Date _____ Death Date _____

Third line (if wanted) _____

Send or take this application to the Memorial Grounds Committee c/o
GUUF office. 1135 State Park Rd, Greenville SC 29609 Fax 271-6088

A donation of \$250.00 will offset the cost of this plaque. It should be paid to
the Greenville Unitarian Universalist Fellowship and marked "for scatter
plaque"

Please include a biographical sketch and a picture along with this
application.